THE

MEDICAL EXAMINER.

CONTENTS OF

NO. IV. VOL. XI.—NEW SERIES—APRIL, 1855.

ORIGINAL COMMUNICATIONS.

BIBLIOGRAPHICAL NOTICES.

EDITORIAL.

MEDICAL NEWS.

RECORD OF MEDICAL SCIENCE.

NOTICE TO CORRESPONDENTS.

Communications and Books for notice should be addressed to the Editors, care of Messrs. Lindsay & Blakiston.

Letters, &c., connected with the *business affairs* of the Journal should be addressed to the Publishers.

Papers for publication must be received *before* the 16th of the month, or they cannot appear in the forthcoming number.

The following Journals have been received in exchange:

The Medical News and Library, March.
New Jersey Medical Reporter, ditto.
New York Medical Times, ditto.
New York Journal of Medicine, ditto.
American Medical Monthly, ditto.
American Medical Gazette, ditto.
Boston Medical and Surgical Journal. (Weekly.)
Buffalo Medical Journal, March.
Virginia Stethoscope, ditto.
Virginia Medical and Surgical Journal, ditto.
New Hampshire Journal of Medicine, ditto.
Nelson's American Lancet, ditto.
Ohio Medical and Surgical Journal, ditto.
Montreal Monthly Chronicle, ditto.
St. Louis Medical and Surgical Journal, ditto.
Western Lancet, February and March.
Peninsular Journal of Medicine, March.
Memphis Medical Recorder, ditto.
North-Western Medical and Surgical Journal, ditto.
Nashville Journal of Medicine, ditto.
Southern Medical and Surgical Journal, ditto.
Western Journal of Medicine and Surgery, February.
New Orleans Medical News, March.
London Lancet.
London Medical Times and Gazette.
London Pharmaceutical Journal, February and March.
Dublin Medical Press.

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BOOKS AND PAMPHLETS RECEIVED.

Amaurosis—Clinical Lectures on, by J. Glück, M. D.
Sanitary Reports of the City of Buffalo.
Anniversary Discourse before the New York Academy of Medicine, by John H. Griscom, M. D.
Annual Report of the Pennsylvania State Lunatic Hospital.
Address to the Graduates of the Albany Medical College, by Orlando Meads.
Nineteenth Annual Report of the New York Institution for the Blind.
Lectures in reply to Dr. Chas. West's Croonian Lectures, by Henry Miller, M. D.
Cases of Polypus of the Womb, by Walter Channing, M. D.

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The foreign correspondents of the Examiner will please direct their Exchanges, Books for review, and other communications, to the care of Trubner & Co., No. 12 Paternoster Row, London, or Mr. H. Bosange, 21 Bis, Quai Voltaire, Paris.
Charleston Medical Journal, January.

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THE

MEDICAL EXAMINER.

NEW SERIES.—NO. CXXIV.—APRIL, 1855.

ORIGINAL COMMUNICATIONS.

Case of Gastrotomy for the removal of a Leaden Bar.—Recovery.

By T. B. NEAL, M. D., Columbus City, Iowa.

Editor Medical Examiner:

DEAR SIR:—I transmit, for insertion in your valuable journal, the following remarkable and perhaps unique case.

The subject of this notice, L. Bates, æt. 27, resides at Wapello, twelve miles from this city. During the three days preceding Christmas last, he had been drinking freely of common whiskey; and on that day, while intoxicated, attempted, on a wager, to swallow a bar of lead. The bar was 10 inches long, $\frac{1}{2}$ by $\frac{3}{4}$ inches thick, and weighed one pound.

Thrusting it far down the œsophagus, it slipped from his grasp, and immediately entered his stomach. Dr. Bell was sent for at once, but as Bates had formerly been a juggler, the Doctor, thinking that he was at some of his tricks, refused to go. Bates, not much concerned at the non-attendance of the physician, worked for three days after the accident, in a pork-house, with but little inconvenience. During the night of the third day, however, he was seized with great pain in the stomach, accompanied with shooting pains along the spine, extending from the lumbar region to the sacrum, and thence to the hips. The next day he walked to Columbus, a distance of six miles, and sent for Dr. Robertson, the oldest physician in this county, to attend upon him. Dr. R. requsted me to see the case with him. We found him, on the fourth day, comparatively easy. His tongue was white, breath very foul, and bowels constipated.

Upon careful examination, the œsophagus was found perfectly free and unobstructed. We administered to him morphia in small doses, and attempted to act upon his bowels and neutralize the poisonous effects of the lead by large doses of sulphate of magnesia. Under this treatment, although the bowels were but slightly disturbed, he was rendered astonishingly comfortable, and could walk about a little. On the 3d of January, the 10th day after his accident, the severe gastric pain again returned, accompanied with vomiting, and other symptoms of gastritis.

The operation of gastrotomy was now resolved upon. Dr. Bell, of Wapello, performed the operation by making an incision through the walls of the abdomen, from the umbilicus to the false ribs, four inches in length and two inches to the left of the median line. The peritoneum being divided, Dr. Bell introduced his hand, and pushing back the protruding intestines, found that the bar of lead was nearly perpendicular, the upper end inclining a little to the left. The bar was pushed up, until the lower end came opposite the abdominal opening. It was then seized, and an incision made in the walls of the stomach, just large enough to admit of its extraction by means of forceps. The contraction of the muscular coat of the stomach caused the incision in the organ to close perfectly and without trouble. The external wound was stitched, and a compress applied.

The operation was performed between three and four o'clock, P. M.; the day was cloudy, and towards sunset grew quite cold. The patient was entirely under the influence of chloroform until about two minutes before the last stitch was taken, when he revived somewhat, and expressed himself as feeling better than he had done before. When the chloroform was first administered to him, he vomited freely, hence, when the opening was made into the stomach nothing escaped therefrom, that viscus containing nothing but the leaden bar.

For the ensuing three days the system of the patient was kept under the influence of opium, and nothing but mucilaginous drinks, in small quantities, allowed as diet. He recovered as well as a patient does of uncomplicated gastritis.

I give you below the condensed notes of the progress of the case, taken by Drs. Bell, Robertson, and myself.

January 4th, 10 A. M.—Patient tolerably quiet; pulse 85, and moderately full; some fever and thirst; vomited once, and

bowels moved freely during the night, though he has been taking small doses of morphia every two hours; complains of pain in the stomach and bowels; continued the morphia, and ordered two tablespoonfuls of toast and water every two hours.

3 P. M.—Patient still quiet; pulse 85, and rather hard. Took ℥x. blood from the arm. Continued morphia and toast-water.

January 5th, 10 A. M.—Rested well last night; bowels undisturbed for eight hours, then at 4 A. M., watery dejections; complains of nausea; pulse 83, and soft; tongue white; no soreness in the gastric region; some cough; ordered the following pill every two hours and a half:—

℞. Hydrarg. Chlorid. mit. gr. ss.
Pulv. Ipecacuanhæ gr. j.
Morphiæ Sulphat. gr. ¼.
M. ft. pil. i.

5 P. M.—Complains of heart-burn, nausea, thirst, and frequent alvine evacuations; pulse 73, strong and full; craves acid drinks. Prescribed a weak solution of citric acid; it did not appear to agree with the stomach; at 9 o'clock slight vomiting: therefore directed morphia, gr. ss., ipecac. pulv. gr. ii. At 11½ o'clock, administered morphia, gr. ss. In half an hour patient fell into an easy sleep, his pulse growing softer. Directed gum-water and ice-water, a table-spoonful alternately every half hour, and the morphia every two and a half hours.

January 14th.—Met patient standing in the door; appetite good; pulse 70, and soft; wound looks well; dressed it, and ordered one blue pill, to be followed by enema if it failed to operate.

On the 16th the wound was nearly healed, and he had walked half a mile to see a neighbor. At the time of writing this hasty epistle, (Feb. 19th,) he has been out of the settlement some two weeks, and I learn has been at work. What his exact condition is at present, I do not know, not having seen him since he began to go abroad. Very respectfully, &c., T. B. Neal.

Note.—There must be very few cases of this operation on record, as we have succeeded in finding but one, which is described in Chelius' System of Surgery, in a note by Mr. South: "Barnes," he says, "quotes from Becker the case of a young peasant, who on 29th May, 1635, whilst endeavoring to produce vomiting with the handle of a knife, let it slip from his fingers and pass into the stomach. He

was much frightened, but able to go about his usual occupation. It was, however, determined to remove the knife by operation, which was done on the 9th of July following, by a surgeon and lithotomist, named Shoval. 'A straight incision was made in the left *hypochondrium*, two fingers' breadth under the false ribs; first through the skin and cellular membrane, then through the muscles and *peritoneum*. The stomach subsided and slipped from the fingers, which prevented it from being immediately seized; but it was at length caught hold of with a curved needle, and drawn out of the wound. A small incision was then made into it upon the knife, which was then easily extracted. The stomach immediately collapsed. After the external wound had been properly cleansed, it was united with five sutures, and tepid balsam poured into the interstices. Tents impregnated with the same balsam, and a cataplasm of bolar earth, the white of egg, and alum, were then applied.' (P. 324.) Two sutures were removed next day, on the following day two more, but the fifth is not noticed. On the fourteenth day after the operation the wound had healed. Dr. Oliver saw this knife at Königsberg in 1685, and says it was six inches and a half long. The patient completely recovered."

This is the only instance of Gastrotomy proper we have been able to find recorded. The rarity of the operation is no doubt owing to the fact that most substances capable of entering the stomach, pass eventually, even though quite bulky, into the intestine; in which case Enterotomy may be required for their extraction. Of this latter operation, for the relief either of intestinal obstructions or the removal of foreign bodies in the bowels, numerous cases are on record. Mr. Benj. Phillips, in an excellent monograph, published in the 31st volume of the Royal Medico Chirurgical Transactions, relates twenty-seven cases of intestinal obstruction, for which operations were performed; thirteen of these were successful, though many of them were at the cost of establishing an artificial anus. An interesting case is related by Dr. White, of New York, in the New York Medical Repository, vol. x. 1807, where a silver spoon, swallowed by a patient while delirious, was removed from the ileum.—EDITOR.

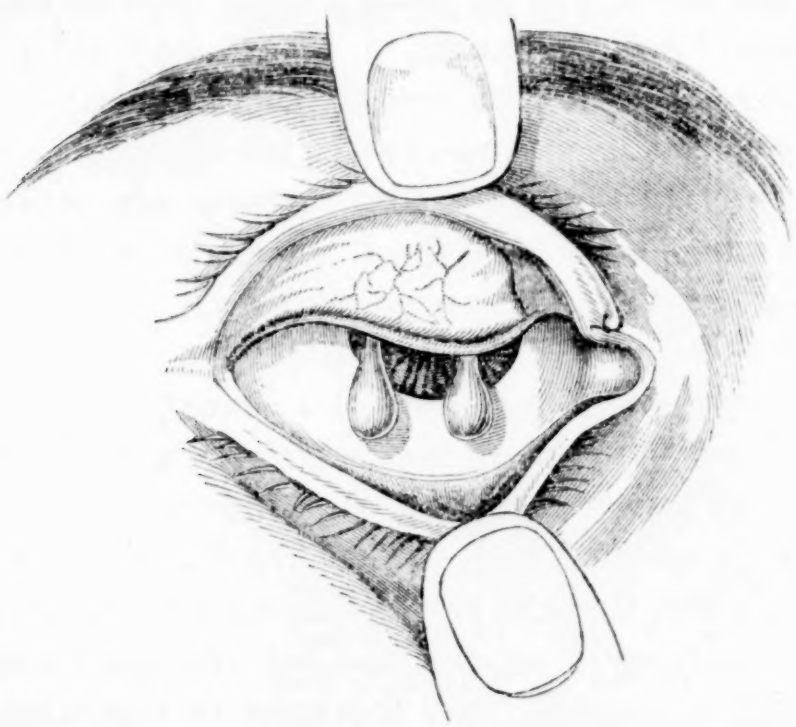
A Case of Polypi of the Conjunctiva. By JOHN NEILL, M. D., Surgeon to the Pennsylvania Hospital.

Conjunctival polypi are so rarely met with, that even the best illustrated works on Ophthalmic Diseases contain no drawings taken from patients with this affection.

Even the splendid work of Dalrymple, replete as it is with beautifully executed engravings, is deficient in this respect.

The standard works of the day—Lawrence, Walton, Jones—have no representation of the kind. Indeed the affection is scarcely alluded to by many writers, and no mention is made of it by others. Walton merely speaks of a case occurring in Mr. Smee's practice.

The subject of this growth came under my notice in 1851, at Wills Hospital. He was a young man about 28 years of age, who applied to the hospital to have a foreign body removed from the eye.



The polypi were two in number, pedunculated and attached to the conjunctiva of the upper lid near the upper margin of the tarsal cartilage. They were soft, moveable, and of a light pink color. The size is well represented in the wood cut. The most pendulous portion of each was somewhat compressed in its antero-posterior diameter. They seemed to have occasioned but little inconvenience to the patient, and it is probable that he would not have presented at the Hospital, had he not been suffering from a piece of straw under the lid. In the ordinary position of the lids they could hardly be observed, but upon everting the lid they appeared as represented in the cut.

They were removed by the scissors without much pain, and the examination of them microscopically exhibited an epithelial covering externally, and a delicate areolar tissue within.

Animal and Vegetable Physiology.

The nutritive functions of digestion, circulation, and assimilation, have for their object the support of life, by furnishing to organized beings, without ceasing, new and proper materials for the development of their organs, and the reparation of the waste occasioned by the movements of animality. But it is the nature of all organized beings to have but a limited existence. Their organs finally lose the faculty of sustaining life, and the cessation of their functions brings on death. All the organized beings existing on the earth, end by disappearing from its surface, and their races would become extinct if nature had not given them the means of reproducing and multiplying themselves.

Through reproduction the power of life is made to pass without ceasing into other bodies. Our parents are reproduced in us, as we are engendered anew in our descendants. Thus the indidual perishes, but the species is continued.

Wherever there is life there is attraction. The appearance of matter in organized beings implies a draught on the resources of nature. Each germinating seed exercises a special attraction on the earth and atmosphere, and dead inorganic matter collects around it to be embued with vitality, and moulded into an organized form. But there is only a limited amount of organizable material existing in nature, and her resources would therefore be speedily exhausted, were there not an equivalent amount returned. The matter which composes the bodies of animals and plants is only *borrowed* from the earth and atmosphere for a *little* time. A rotation of these substances is absolutely necessary.

Wherever there is death there is repulsion. The matter which was collected by life is scattered by death. The plant or animal decays and disappears from our sight. Both are alike dissolved by the repulsive principle into earthy elements and invisible gases, and the atoms held together by life thus sundered by death, once more roam through the universe, and gather round the living centres of attraction, to be again remouldered anew into living organized forms.

Matter, whether organized or inorganic, never perishes. Every

atom bears on it the impress of its everlasting and infinite author. If it disappears from observation, it is only to enter into new combinations. You may crush the parts of a body to powder, melt it into a liquid, or, by a still intenser application of heat, dilate it into a gas, and dissipate it in vapor; but it still exists and can in many instances be collected again into the same body, without loss of weight or change of form. Mercury and water may be converted into vapor without the loss of a single particle.

The decay of animal and vegetable bodies, is only a process by which their particles are liberated to assume new forms.

What life borrows, death will sooner or later claim. The living incur a debt which must be paid. Matter is the grand circulating medium of nature, and all that is loaned—even to the minutest particle—must be returned. Nothing is ever lost by nature. Death is the agent employed to enforce the claim, and we must surrender what we have appropriated. We may be unwilling to pay the debt, but in this instance, at least, no fraud can be practised. We may cheat our fellow men out of "their own," but nature, never.

It is this ceaselsss return of organizable material which keeps up the continuity of the stream of life, and renders the fountain inexhaustible. Hence the matter of which every animal and vegetable was formed in the earliest ages, is still in existence. We, ourselves, are composed of matter as old as the creation; in time we must suffer, in our turn, decomposition, as every living body has done before us, and thus resign the matter of which we are composed to form new existences.

But it is not only by the dissolution of their fabric, but by the detachment of a portion of it at a certain period of time, in the form of an egg or seed, that organized beings reproduce each other. Each egg or seed encloses a miniature animal or plant called an embryo, which developes into the likeness of its parents, in consequence of receiving from them an influence which impresses on it its peculiar vital movements.

That all animals are produced from eggs, *omne vivum ex ovo*, is an old adage, abundantly confirmed by modern researches. In tracing back the successive phases of animal life, we invariably arrive at an epoch when the incipient animal was enclosed in an

egg. It is then called an embryo, and the period passed in this condition, which is more or less long, is called the embryonic period.

Now, plants have sexes or sexual organs as well as animals. The female sexual organs in plants are called carpels. The pistil, or central organ of the flower, which consists of stigma, style and germen, is only a fully developed carpel. The male sexual organs are named stamens, the anthers of which contain the pollen or fecundating matter. The stamens and carpels are therefore the essential organs of reproduction in plants, and the parents of the vegetable embryo, since it is their natural action which contributes to its development.

The ovules contained in the germen are the bodies which, after impregnation, become seed. Their existence may be verified by making a section of the germen, whilst the flower is still in the bud, before the anther cells had been ruptured, and their polleniferous contents discharged. In this condition they undoubtedly correspond to the unimpregnated ova of animals. The line or ridge on the interior walls of the ovary, to which the ovules are attached, is called the placenta. The ovule is attached to the placenta, either directly, or by a prolongation or umbilical cord termed the funiculus. It is through this last organ that vessels pass into the ovule, which communicate with the nourishing walls of the germen, conveying to it those nutritive materials which contribute to its further development.

The reproductive function is exercised by animals and plants when they have attained to the full development of all their parts, or arrive at an adult state. The period when this occurs, varies greatly in each species, and depends entirely on the peculiarities of its constitution. When this epoch arrives in plants, a visible change in their outward appearance takes place ; the stem ceases to elongate, and its internodes no longer developing, the leaves remaining crowded together, in closely-approximated whorls, undergo peculiar modifications in form and coloring, and a flower is produced.

The period of ovulation is to animals what flowering is to plants, and indeed few phenomena are more interesting to the student of nature, than those exhibited by animals at the pairing season. Then their physiognomy is the most animated, their

song the most melodious, and their attire the most brilliant. Some birds appear so different at this time that zoologists are always careful to indicate whether or not a bird is represented at the breeding season. Similar differences also occur among fishes and other animals whose colors are then much brighter than at any other time. Thus in early spring when plants put forth anew their leaves and flowers, we have renewed at the same time the feathers of birds, the hair of quadrupeds, the scales of fishes, &c. Both the animal and vegetable creation are alike re-clothed. It is the season of love and happiness. All nature rejoices. To many organized beings this season comes only once. In this respect many animals are like annuals amongst plants; the act of reproduction exhausts their vital energies, and they perish as soon as they have given birth to their eggs.

Reproduction, whether in animals or plants, is always attended with an exhaustion of their vital energies. The organized being either perishes at once in giving birth to its offspring, or the term of its existence is greatly abbreviated. Thus, as soon as the anther-cells or male sexual organs of flowers have discharged their pollen on the stigma of the pistil or female sexual organ, and the ovule in the germen has received the impregnating influence, the sap is immediately drawn from the other parts of the flower to the germen, which begins to swell and enlarge, and a series of changes soon announces that a new vitality is established in the impregnated parts to the detriment of the others. The flower, beautiful up to this moment, and adorned with the most lively colors, loses its pleasing aspect. The petals fade and fall. The stamens having fulfilled their functions, prove the same degradation. The germen alone remains in the centre of the flower,—the upper portion of it, the stigma and the style, is, however, useless to the plant, and, therefore, disappears equally with the other parts. The germen continues swelling and enlarges until it finally forms a fruit abounding with seed, by which the species is continued. It is not an unusual thing to see the calyx persistent with the germen, and contributing along with the green walls of the pericarp or seed vessel to the nourishment of the young embryo. The vitality of *all* the organs of the flower is, however, exhausted before the seed and the embryo which it contains are fully formed, and the calyx and peri-

carp alike perish when they have fulfilled this the last and most important function of vegetable life.

The seed or ovum is but a retreat into which exhausted vitality retires in order to recover its wonted energies; and in all the lower forms of organized being it is also a shelter for life during the prevalence of those conditions which are unfavorable for its development. Accordingly, we find that the seed of many early flowering annuals, germinates again in Autumn, as the light and heat of the sun are much the same as in early Spring. A little family of plants is thus seen rising around their aged and dying parent. In some instances the individuals of this family arrive again at an adult state, and flowers as well as leaves appear; generally, however, the germinating seeds can only produce leaves, the approach of cold weather arresting all further development. These and many other appearances in nature are deserving of a far greater share of attention than they have hitherto received. All practical gardeners and botanists are aware that there are many plants which flower in the Spring, and again develope in Autumn on the return of SIMILAR CONDITIONS of light, temperature, and moisture.

That the vegetable machinery would continue longer in motion, and simply stops in consequence of the decreasing light and heat of the sun, is evident from the fact that the annual and herbaceous plants of temperate climates become ligneous and persistent, in the warm and sunny regions of the tropics. The castor oil plant (*Ricinus communis*) for example, in Pennsylvania, puts forth large peltate-palmate leaves, and grows from three to eight feet in height, but is destroyed by the first frosts of Autumn. In the happy regions within the tropics its stem is ligneous and persistent, and it grows into a powerful and lofty tree. It is the same with the Euphorbiaceæ, Leguminosæ, Boraginaceæ, Labiatæ, Hypericaceæ, Verbenaceæ, Polygonaceæ, Rubiaceæ, Compositæ, and a host of other plants which we tread under our feet in Pennsylvania; but which elevate themselves majestically into the air in warm countries. Excepting on the mountain summit snow never falls on any other part of the landscape lying within the tropics, and the traveller wanders beneath the arborescent forms of Leguminosæ, of Boraginaceæ, and of Euphorbiaceæ, or if he be in the island of St. Helena, reposes beneath

the shade of forests of Solidago of Sonchus, and of Echuim. The herbaceous and perishable annual has been transformed into the ligneous and enduring perennial. The plant whose humble growth and delicate beauty drew our admiration, as it grew at the foot of some oak or buttonwood, is now itself one of the noblest trees of the forest. Development has gone on, and we see the result of the magic influence of a continuity of solar warmth and brightness in the majestic form which now stands before our eyes.

H. C.

West Philadelphia, March 13th, 1855.

A case of Natural Labor in a Negro girl, thirteen years of age.

By W. S. STOAKLEY, M. D., of Northampton County, Va.

I was called August, 1854, to see a negro girl, aged thirteen, suffering from colic. Upon examination, I was surprised to find in bed with her a child just two weeks old, which she claimed as hers.

The child was of the ordinary size, (larger, if anything, than the generality of children of that age,) hearty and hale. The mother was at the time troubled with a colic from eating watermelon, previous to which she had been perfectly well, not having had the slightest ailment of any kind since her confinement. On inquiry, I was told that the labor was a natural and easy one, and of the common duration. The pains were strong and effective. The placenta came away in fifteen minutes, and the womb returned as near as possible to its non-gravid condition, closing up with powerful contractions the bleeding mouths of the "rete-vasculosum," and instead of the torrents of blood, common on such occasions, gushing from the enlarged and anastomasing bloodvessels of the womb, nothing was seen but the normal quantity; the bounds of health were not overstepped. *If* she had been "under the shade which beechen boughs diffuse," nature would have "done her part," and the hand of art would have been an intruder. I placed my hand on her hypogastrium fourteen days after delivery, and found the uterus had returned to its unimpregnated state. I observed no flabbiness about the abdominal muscles. To all appearances she had regained her natural shape and symmetry.

BIBLIOGRAPHICAL NOTICES.

On the topical Medication of the Larynx in certain Diseases of the Respiratory and Vocal Organs. By EBEN. WATSON, A.M., M.D., &c. London: 1854. 8vo. pp. 183.

On the Employment of Injections into the Bronchial Tubes, and into Tubercular Cavities of the Lungs. By HORACE GREEN, M.D., LL.D. ["The American Medical Monthly," Jan. 1855.]

The topical medication of the larynx which would seem to have originated with Sir Charles Bell in 1816, and with M. Bretonneau in 1818, was, as every body knows, first popularized by MM. Trousseau and Belloc in 1836. A translation of the Essay by the last named gentlemen was published in this country in 1841, and five years afterwards Dr. Horace Green put forth his "Treatise on Diseases of the Air Passages." This writer has succeeded in attracting a good deal of attention from the public and the profession, although neither his method nor his pretensions have met with general acceptance with the latter. This must be mainly attributed to the uncandid statements and unscientific descriptions contained in his essays, by which many who would have been tempted to put the method into practice, were deterred from examining it, and inspired with a disrelish for the whole matter.

It was at first doubted whether the probang used by Bretonneau could be passed beyond the vocal chords, and although the greater number of persons no longer deny the possibility of this manœuvre, some are still incredulous, among whom no less names may be mentioned than Erichsen, who is convinced "that the sponge has never been passed, in the living subject, beyond the true vocal chords," and Trousseau who is stated to be equally unbelieving. But Dr. Green has resorted to a very ingenious expedient to put these gentlemen in the wrong. It seems that Dr. Marshall Hall, on his late visit to the United States, was still of the number of those who believed that the probang passed into the œsophagus and not into the trachea, and he suggested as an *experimentum crucis* that the tube introduced should consist of a catheter through which the air could freely pass. Subsequently

this was done, and the patient breathed through the artificial trachea so freely as to extinguish a candle placed at its further end, even when the lips and nose were so far closed as to prevent the discharge of any air from them; besides which an India rubber bag tied over the open end of the tube was seen alternately to collapse and expand as the patient breathed. These conclusive experiments are said to have been witnessed by several physicians of well known skill and reputation for veracity.

Whatever doubts may have been, or still may be entertained regarding the possibility of introducing a probang into the larynx, an experiment such as that just described having once been performed must put an end to them, however much people who are accustomed to attach considerable importance to respiration as a means of "getting one's living," may shake their heads, and suggest the possibility of its being after all no more than a conjurer's trick. Just as Dr. Watson, with all his knowledge and skill, finds his belief staggered by certain other statements of his American confrère. It seems that Dr. Green wrote as follows to the *Lancet*:—"In cases where I have had reason to believe that ulcerations of the membrane had extended below the bifurcation, I have employed a probang nearly straight, and have pushed this instrument not only to the division of the trachea, but *turning it aside*, have passed it at will, *in many instances into the right or left bronchus*, with as much ease and safety as the catheter is introduced into the bladder." After pointing out that such a statement as this is not likely to convince the incredulous, and characterizing the case which Dr. Green adduces to support it, "as more objectionable than the statement it was intended to corroborate," Dr. Watson says, "Of those who can admit the possibility of the treatment to which the patient was subjected, few will venture to assent to the diagnosis of the ulcer in the right bronchus, and still fewer will affirm that the aphonia could be occasioned by such an ulcer, supposing it to have existed, or was likely to be removed on its cure."

Nor is Dr. Watson quite able to digest the sponge, which, according to Dr. Green, dropped into the windpipe of a man whose larynx Dr. Peaslee was cauterizing. The statement, he fears, has done "much damage to the cause which Dr. Green adduced it to support; for by the most undoubted rule of arithmetic, the

worthy professor would have us believe that the sponge he removed from the trachea (or right bronchus, for it is not very clear which is meant) was one half inch multiplied by fourteen in diameter, viz., seven inches; and, indeed, that the whole mass was even larger than this at first; that it was seven and a half or eight inches, i. e., two thirds of a foot in diameter. Now this is simply ridiculous, &c."

It appears, too, that while Dr. Green "recommends the use of a bent spatula, with which he seems able to expose the parts to view;" and while Dr. A. C. Post has, "in a number of instances, exposed distinctly to view the laryngeal surface of the epiglottis," the less fortunate Dr. Watson has been "unable to see any part of the larynx, except, in certain cases, the *tip* of the epiglottis." (p. 69.) Dr. W. also rejects the use of a bent spatula, and assures us that "the only way of assuring one's self that he enters the rima-glottidis, is to introduce the fore finger of the left hand into the mouth of the patient, passing it over the root of the tongue, till its point comes in contact with the top of the epiglottis. By now maintaining the finger in this position, and cleverly passing the sponge of the laryngeal probang over it, the rima-glottidis is reached with perfect certainty." (p. 23.) The introduction of a sponge through this opening he admits to be opposed by the actual narrowness of the passage, as well as by the spasmodic closure of the glottis, and he therefore insists upon the necessity of educating the part to bear this manœuvre, and seizing a moment of inspiration to accomplish it. It will be seen, therefore, that the operation is not quite so simple as it has pleased some persons to say that it is.

In his chapter on the mode of action of topical agents used in laryngeal disease, Dr. Watson is hardly more successful than other writers upon the phenomena and cure of inflammation. In one place (p. 33) he says that when a caustic is applied to the inflamed web of a frog's foot, "the *stimulant* solution causes a renewed and increased *dilatation* of the blood vessels, and the retarded current moves on in them more freely than before," while (p. 88) it is afterwards stated that the topical application "removes the remnant of inflammatory action which had still lingered in the glottis, by causing *contraction* of its blood vessels." These statements we are altogether unable to reconcile

with one another ; each seems to have been suggested by the discussion on which the author was more immediately engaged, and neither is applicable to all the results of the topical use of the caustic solution.

In several successive chapters the topical treatment is described in its application to acute and chronic laryngitis, aphonia, hooping cough, spasmodic asthma and spasmodic coughs, laryngismus, and the laryngeal complications of pulmonary phthisis.

In simple acute laryngitis the author warns us not to use cauterization until after the inflammatory symptoms are subdued, nor to employ a strong solution when these have been very active. In membranous croup he is altogether opposed to its employment, unless before any exudation has been poured out, (p. 50) which is equivalent to saying before there is any croup to treat. He analyses the cases which Dr. Green published as cases of "croup" treated by caustic, and comes to the conclusion, long ago demonstrated in this country, that in only six out of the thirteen cases the symptoms resemble those of true croup, and that there is nothing to show any favorable result in these. Indeed Dr. Watson has found in cases of croup "the symptoms of congestion in the laryngeal lining, such as pain and difficulty of breathing, increased by the application of even a weak solution of nitrate of silver, and the very act of applying the solution is hurtful in these cases." The large and intelligent experience of our author is, it will be observed, directly opposed not only to that of Dr. Green, but also to the results of so candid and enlightened an observer as Dr. Ware.

As regards "follicular disease of the larynx," a stalking-horse from behind which Dr. Green has acquired so large a *clientelle*, Dr. Watson is disposed to regard it altogether as what Carlyle would call "a sham." To this purpose he cites, as others have done before, the results of pathological investigations by Louis, Trousseau, Belloc, Porter, and Copland, and declares that there is no evidence, even in Dr. Green's writings, "which is worthy to be considered as establishing the matter," and that "the assumption of the existence of such a lesion as the cause of certain symptoms is neither necessary nor philosophical." (p. 67.) He, on the contrary, connects follicular pharyngitis with dyspeptic derangements just as Dr. Chapman did originally, and insists that

whatever else the practitioner does, "these must be set right before his patient is cured."

Aphonia is referred by Dr. Watson to lesions affecting the glottis, such as the thickening or the palsy of its muscles, and to others consisting of relaxation, thickening, or *ulceration* of the mucous membrane above or below the glottis. Of the last mentioned lesion which has been so largely speculated upon as a trading capital, and the existence of which in chronic disease, independently of syphilis or tuberculosis, has generally been denied by pathological writers, Dr. Watson remarks that he believes in their existence "independently of tubercle in the lung, in a class of cases which, however, are neither numerous nor ever quite free from the possibility of doubt as to the diagnosis."

The chapter on the laryngeal treatment of hooping cough is extremely interesting. The author believes that if the local and inflammatory element is met by cauterization after the acute stage is passed, the spasmodic element will of itself subside. As to the practical results they are indeed most encouraging. Taking the cases treated by M. Joubert and by Dr. Watson, we find that 57.4 per cent. were cured in two weeks, and of the remainder 36.5 per cent. were cured within four weeks. The usual treatment, on the other hand, requires an average duration of one and a half to three and a half months. The ordinary strength of the solution employed by Dr. Watson is of fifteen grains to the ounce, but weaker at first than subsequently when the inflammation has subsided. He points out as conditions of success the regulation of the patient's digestion so as to prevent vomiting, the use of the caustic every day or every second day when the stomach is empty, the use of the finger or the handle of a teaspoon instead the "formidable spatula," and the avoiding to enter the larynx while it is still in a state of catarrhal inflammation.

The usefulness of cauterizing the larynx in spasmodic asthma is maintained by Dr. Watson. He very properly excludes from consideration cases of organic disease, such as emphysema and organic affections of the heart, but he assumes that closure of the glottis is an important element of the nervous disease, with which also spasm of the trachea and of the ultimate bronchia combine. It cannot be claimed that any of the cases adduced or of the arguments employed in the least degree demonstrate either the

statement just made or the efficacy of the proposed treatment in spasmodic asthma. All of the cases involve an inflammatory element, and the nervous element is far from constituting the whole disease. It is therefore useless, we think, to examine the influence of laryngeal cauterization upon them.

The caustic is very properly regarded as of secondary importance in those cases of cough which are said to depend upon dyspepsia, but which are in reality connected with the deranged state of the muciparous follicles of the pharynx which complicates that of the stomach. Attention to the dyspeptic symptoms will here effect a cure even without the topical medication, but this latter hastens and confirms it. A similar remark will apply to hysterical coughs; but in neither case is the caustic essential, or capable of performing what other remedies cannot.

In the chapter on Laryngismus the author considers this symptom chiefly as one of the phenomena of epilepsy, and claims that cauterization of the larynx mitigates the spasms by correcting this element of the attack. But all cases of epilepsy are not marked by laryngismus, and hence all are not suited for this operation any more than for that of tracheotomy proposed by Dr. Marshall Hall.

The Laryngeal Complications of Pulmonary Phthisis are treated of in the last chapter of the work before us. The author endeavors to prove that the cough is not only an annoyance to the patient, but a serious aggravation of the disease by occasioning hæmoptysis, and increasing the pulmonary affection. It is to be feared that his ingenious argument amounts to nothing more than an attempt to make out a case; for, as every one knows, hæmoptysis is apt to be one of the earliest symptoms of consumption, and often occurs before any cough whatever exists, while the cases in which violent coughing produces it are exceedingly rare. When the larynx itself is affected by inflammation or by ulcers, undoubtedly these conditions are aggravated by the cough, and their cure, if that can be accomplished, or their quiescence, if it cannot, is to be sought by every possible expedient as a means of promoting the patient's comfort, and even of prolonging his life. The topical treatment of the larynx will sometimes secure this end; but the author cautions us against its use, in very acute cases and during acute exacerbations of chronic

cases. The illustrations which he publishes show nothing more than the palliation of the accidental laryngeal symptoms, and he carefully avoids asserting that he has effected a cure of consumption in any case whatever. In this he is truthful, and more modest than his American prototype, who was wont to mystify his readers by an ingenious play upon the word *tuberculous*, which meant enlarged follicles or genuine tubercles, according to the exigencies of the occasion.

In the paper of Dr. Green we find that he employed his ability to pass the probang into either bronchus, for the purpose of applying a solution of nitrate of silver to the diseased membrane of the bronchi, and even of injecting, "if possible," the same solution into tubercular excavations. His first case presented "a large cavity in the apex of the left lung." He introduced "an elastic tube thirteen inches long through the trachea and into the left bronchial division," and through it "injected one drachm of a solution of nitrate of silver, of the strength of forty grains to the ounce of water into the lung." A few minutes afterwards "the patient stated that she felt a warm sensation in the upper portion of the left lung," i. e., in the seat of the cavity. Apart from the bold assertion that the instrument was introduced into the left bronchus, we are called upon to believe that a drachm of liquid, ascended against the force of gravity from the root to the apex of the lung, and that it produced a warm sensation in a cavity which could possess no sensibility whatever, instead of being felt in the lower bronchia where alone it could have been diffused. On reading over these details once more we cannot but ask, are they meant seriously? or is the author, having already tested the credulousness of so many physicians, amusing himself quietly at their expense?

After this first *successful* experiment, Dr. Green states that he treated thirty-two patients laboring under tubercular or bronchial diseases by the same method; and nine of them presented cavities in the lungs. All of them, it is stated, appeared to be benefitted, and some of them greatly, and "in those cases where tubercles exist, whether the exudation be in a crude state, or beginning to soften, the beneficial effects of the treatment have been thus far as uniform and certain, although the improvement has not been as rapid in these as in the former cases, [viz., of

chronic bronchitis.] Most of these cases are still under treatment, and the final result cannot be foretold." On the contrary, we think that nothing is easier. Meanwhile, let our readers observe out of what stuff medical experience may be manufactured.

The following passage from Dr. Watson's work (p. 28) will serve as a commentary upon the subject of the last paragraph, which we cannot trust our pen to write of as it deserves.

"I need only now remark, in conclusion, that after the probang has passed through the glottis, there is no obstacle to prevent its being carried down the whole length of the trachea; but this must be done so hurriedly that no deliberate turning of the instrument into either division of the bronchus can in my opinion be accomplished; and I know from experience that few or none will be found so calm and so self-possessed as to submit to its being even attempted. Whenever the patient feels that the *besoin de respirer* is becoming strong, all other thoughts are dismissed, and he struggles to rid himself of the obstructing cause. The passage of the probang, even quickly, down part of the trachea, is itself a severe operation, and should never be performed upon a patient who is not habituated to the application of the remedy to the upper parts of the windpipe."

Autobiography of Charles Caldwell M. D, with a preface, notes, and appendix, by HARRIET W. WARNER. Philadelphia: Lippincott, Grambo, & Co. 1855. One vol. Oct. pages 454.

To review these 454 pages to our own satisfaction, would require more space than can be awarded to them in a medical journal; we shall therefore do little more than notice some points that cannot fail to interest the medical public. The book is deeply fraught with a mixture of good and evil, either of which it is well adapted to teach, according to the mental habits of the reader. But as all the good it contains is amply supplied by other and better books, we cannot fail to wish, that the distinguished author had given it, as Petrarch said of his letters, *to Vulcan to correct.*

Autobiography is a very difficult and dangerous task, owing to the malevolent passions that may be enlisted in the work. Selfishness and vanity lead an author to overestimate himself and to depreciate others; malice and revenge are ever ready to play their hateful part; and a long life of envy must cloud the mind of the octogenarian writer with vapors of poison.

From all these embarrassing influences the two autobiographers, Franklin and Priestly, whom Dr. C. often refers to as noble exemplars, are totally free. Their success in life far transcended their hopes, and finally placed them on that shining eminence from which they looked back on life as on a cloudless day, wherein nothing was seen that could disturb their serene satisfaction. All the noxious vapors which had sometimes annoyed them in their long journey of life, were now lost in one cloudless glory; and they went down the hill of life plucking flowers and fruits, as also reveling in sweet recollections.

Such was not the happy lot of Dr. C. He had, by his own confession, fixed his ambitious heart on a certain chair in the University of Pennsylvania, and when this had become vacant by the death of Rush, he had the mortification to see it filled by one who was not only his personal enemy but was also greatly inferior to himself. Yet a harder fate than even this awaited him; for this hated incumbent soon passed away, and our longing aspirant was again set aside by the "superior tact" of his particular friend, whom he tho't far less qualified than himself in the various attributes of a professor of medicine.

Thus doubly mortified he soon determined to leave Philadelphia, where he had laboured hard for 27 years, in expressly preparing himself for a teacher in the great American school and in the very chair long honoured by the eloquence of Rush.

To suppose that the presumed causes of this cruel disappointment did not rankle in his mind, is to demand for the author more Christian charity than many will accord to him or even claim for themselves. He says plainly, that he considered Rush as the principal cause of his failure, and hence he has written much of that great and good man that cannot be received but as reveries often repeated, till they are believed to be facts. That his memory had greatly failed, I know from his incorrect relation of one fact at which I was present—the hissing scene related at p. 294. He was at the upper part of the chemical theatre and when the lecture was closed and the students were rushing away, a few of them called out *Dr. Caldwell* and hissed. He received this with apparent placidity, I suppose contemptuous, and then striding over the benches, he said to the professor very pleasantly —"no animals hiss except snakes and geese."

But his deceitful reveries made other impressions on his mind and he says—

"I then advanced into a more conspicuous part of the room, and with a menacing action of my arms toward the place from which the sound had reached me, exclaimed in a calm and contemptuous voice: 'I know of but three sorts of vermin that vent their spleen by hissing; an enraged cat, a viper, and a goose; and I knew not till now, that either of them infested this room.' On this, from the same quarter came the cry: 'Turn him out! turn him out!' And there was immediately around me a party of my own pupils, chiefly from the States of Georgia and Kentucky, to whom I was communicating instruction by lectures and examinations; and who, apprehensive that I might be assaulted, requested me to accompany them out of the room, and they would protect me. My immediate reply, calm and courteous, but as positive as words and manner could make it, was: 'I thank you gentlemen, for your proffered kindness; but I do not need it. I can protect myself.' Raising then my voice, so as to be heard throughout the room, I added: 'From this spot I will not move, until those insolent fellows shall have left the room, unless they remain in it (looking at my watch) until twelve o'clock, at which time I must leave it to make good an engagement. And should any one of them have the audacity to approach me as an assailant, he shall have abundant cause to remember his imprudence and deplore his rashness until the end of his life, which may perhaps be nearer at hand than they are prepared to imagine, for I will precipitate him to the bottom of this pit, and determine by experiment which is the thicker and harder, his brain-pan or that brick floor."

Not one word of this speech was made, nor was there a word said about *turning him out.* He has related what he was accustomed to talk to himself in his moments of wrath, and probably to dream over at night, till the truth was at last supplanted and prolific error deeply rooted. In the real scene, the *angry cat* was not named; but in after times, she was very happily brought in, to make the speech accord with his increase of knowledge.

It must have been this forty-five years revery on old irritations, that led him to make some stories concerning Dr. Rush that cannot be received. No man in his right mind can credit his relation of a scene at his graduation; no one can for a moment believe that a young student stood forth in the presence of trustees, professors and "many of the most distinguished members of the Bench and Bar, the Pulpit and the citizens of Philadelphia at large, together with most of the respectable strangers in the city," see p. 236:—I say it is not credible that a student could

have stood before this auditory "drawn up to his full height with folded arms, looking slowly and significantly," making the contentious speeches which his octogenarian pen relates; nor will any man who knew Dr. Rush believe the part attributed to him. He was a man of uncommon dignity of deportment and elegance of manners, one who had long associated with the best exemplars, had been no little accustomed to collisions of intellect, and was therefore not easily driven from his propriety by an impudent student, though *drawn up, as he says, to his full height*—nearly 6½ feet—*with folded arms and slow significant looks.* Had we not some friendly regard to the memory of the Doctor, we should stop to make some remarks on these portentous *arms and looks*—but let us read the whole fray as related in the book p. 243, after 54 years of sleeping and waking dreams.

"In my Inaugural Dissertation, as first printed, I inserted a brief account of my letter from Lancaster, respecting the cure of fever by a shower of rain, and the purpose to which Dr. Rush had applied it. That account, however, I had expunged, at the suggestion of the Dean of the Faculty, who frankly told me that he knew it to be unnecessary and useless, and deemed it improper. Still, during my defence of my thesis, Dr. Rush, who was my objector and opponent, referred to it with great virulence and blame. In relation to that objection, however, which was the first he introduced, I completely overthrew and silenced him, and gained by that means a decided advantage in everything that followed.

No sooner had the doctor emptied on my letter his first vial of wrath than I rose, and, addressing the Rev. Dr. Ewing, the Provost of the University, who presided on the occasion, said with great calmness, and in a suppressed tone, 'I was summoned here, sir, as I was given to understand, and of course to believe' (laying on 'believe' a strong emphasis) 'to defend only what is contained in my thesis; not what I have stricken out of it. But if it be your decision (emphasizing 'your') that I shall defend also the expunged passage, I am perfectly prepared for the task, and will cheerfully perform it.'

'It is not my decision that you should defend the expunged passage,' said the provost, in a very decisive tone; 'and Dr. Rush has no right to refer to it. In doing so, he is out of order.'

I bowed and resumed my seat, persuaded that a sparring match between the professor and the provost would immediately ensue; for they had never played towards each other the brotherly parts of Orestes and Pylades.

Dr. Rush positively and vehemently declared that he had a 'right to refer to the letter,' and to call on me to defend the account of it which I had inserted in my thesis; and that he would maintain that right. The provost then, addressing himself to me, said: 'Did you not say, sir, that you had expunged from your dissertation the passage in which the letter is mentioned?'

'I did, sir; and I said so truly. The passage was expunged by me, at the suggestion of the Dean of the Faculty, and is not now in my thesis.'

'I hold in my hand,' replied Dr. Rush, 'a copy of the thesis, in which, at page —, the passage still remains.' In a moment the trustees, to each of whom two copies of the dissertation had just been given, turned to the page mentioned by Dr. Rush, and unanimously asserted that the copies of the pamphlet which they had just received contained no such passage.

I then approached Dr. Rush, with a hurried step, and said to him abruptly, and I doubt not half-mandatorily: 'Pray, sir, allow me to see this pamphlet!'

'Do you doubt the authority of my word, sir,' said he, in an indignant tone, 'as to the contents of your pamphlet, and therefore demand a sight of it yourself?'

In a voice no less indignant, I promptly replied: 'In the present case, sir, as respects the assertion you have made, I doubt all authority but my own eyes;' unceremoniously taking the pamphlet out of his hand.

'Then use your eyes, sir, to your own *conviction*, and the verification of my word,' was the professor's terse and stern rejoinder.

'I have used them, sir, to my full conviction.'

Turning then to the provost, with the pamphlet raised aloft in my hand, so that every one in the hall might see it, I added, in a tone of cutting sarcasm: 'This is a spurious copy of my thesis, procured by what device I know not, and brought here for what purpose I care not.'

Turning again to Dr. Rush, I continued in the same tone: 'You must know this, sir, to be a counterfeit copy of my thesis; for I can prove your having been apprized yesterday that the passage you except to was erased by my direction, at the suggestion, as already stated, of the Dean of the Medical Faculty.'

And I then disdainfully tossed the pamphlet on the table before him, and returned to my place. But, instead of sitting down, I maintained my standing position, drawn up to my full height, with folded arms, and looked slowly and significantly towards that portion of the audience formed by the Trustees of the University and the Faculty of Medicine.

For a moment, not a word was spoken, except in whispers. But, at length Dr. Rush, agitated by a mixture of passions, mortification and resentment being the leading ones, said to me in a half suffocated voice: 'By whom, sir, do you presume to assert that I was informed of the offensive passage being stricken out of this pamphlet?' the thesis being again almost spasmodically grasped in his hand.

'I have said nothing about that pamphlet in your hand, sir, except that it is a counterfeit. But I say that Mr. D—b—n, the printer of my thesis, informed you yesterday that the passage so often referred to was erased by my order. And if he be in this assembly, he will testify to the truth of my assertion.'

'Sir, Mr. D—b—n did not tell me that the passage was stricken out; but only that it was to be stricken out. But finding it still here,

(pointing to the pamphlet), 'I feel authorized to suppose the order to be withdrawn.'

'Sir,' I replied, with increased indignation, 'the pamphlet now in your hand is the same that you possessed when you saw Mr. D—b—n, before he had made the intended erasure. Had you looked into the copy which, by my direction, he sent to you this morning, and which, I doubt not, is in your possession, you would have perceived that my order to him had been faithfully executed. And there would then have been neither plea nor excuse for this altercation, on account of which I am both mortified and ashamed; yet, for the production of which, I appeal to the audience that I am not in fault—for it is exclusively the product of your own groundless and unjustifiable resentment.'

It was now, that by his vehemence, Dr. Rush drew from me the haughty reply which has never since been forgotten; yet, as far as I know, never altogether correctly reported. It soon after its occurrence, found its way into two or three of the Philadelphia newspapers, and has since been several times republished in New York and Boston papers, and perhaps in those of other parts of the country.

Almost hysterical with rage, the doctor said to me, immediately after the utterance of my last sentence: 'Sir, do you know either who *I* am or who *you* are yourself, when you presume thus arrogantly to address me?'

'Know you, sir?' I calmly, but contemptuously replied. 'O! no; that is impossible. But, as respects myself, I was, this morning, Charles Caldwell; but indignant, as I now am, at *your injustice,* call me if you please, *Julius Cæsar, or one of his descendants!*"

If such a scene as this occurred in the University, it was high time to turn the trustees and professors headlong out of the dishonoured temple. Would the respectable strangers, the Bench, the Bar, &c. who were present, send their sons to a college thus misgoverned? But the truth must be, that no such thing was ever seen there as here related, though Dr. C. says that part of it was published in Philadelphia newspapers "soon after its occurrence." Peter Porcupine *alias* William Cobbett was then a very notable busybody in Philadelphia, and assailing Dr. Rush the next year with all his energy and venom, he may have caricatured whatever occurred at Caldwell's doctoration, in the Gazette which he began about this time. But conjectures though plausible are vain and researches even if successful would prove nothing; for C. says that the part published was never, as far as he knows, "altogether correctly reported."

But Dr. Rush is the second hero of this romance. He was the chief of those adverse spirits of whom our author says,

"But for them I should have been a professor in the University of Pennsylvania, occupying the chair then filled by Dr. Rush, and now by Dr. Chapman, but created by their predecessors, instead of being at present a professor in the University of Louisville, occupying a chair created by myself. Which of the two situations would have been most profitable to me, and which most toilsome and hazardous, are questions easily solved."

Now remember that he had set his magnanimous heart on this very chair when he first heard Rush's eloquence therein, p. 49; and that he never ceased to labour hard therefor, till he found that Dr. Chapman had, by "his superior tact," anticipated the favour of the trustees, p. 50. This failure of the long hope, was the chronic irritation that left him in a fretful state all the rest of his life; this no doubt was the subject of many of his waking and even his sleeping dreams, until these had jostled realities out of his mind and made him describe things as they never existed and relate speeches that were never made. Doctor Rush used to tell us of a gentleman who wisely forbad his children to relate their dreams, lest they might sometimes confound them with realities, and thus lose their regard for truth. *Sunt geminæ somni portæ*, says Virgil.

"Two gates the silent house of Sleep adorn,
Of polished ivory this, that of transparent horn;
True visions thro' transparent horn arise
Thro' polished ivory pass deluding lies."

Through this delusive gate came the *dream* related in p. 206–7–8. He tells circumstantially how he saved the lives of Mrs. Gen. Gurney and her daughter in the year 1794. The lady must have been almost frightened to death and the Doctor anhelitous with overpowering exertion, yet they both make eloquent speeches; nor could the author have made them better in his 80th year—nay, I presume they were just such as he would then have written, breathing gently at his table and in the maturity of his intellect. But true history coming through the gate "of transparent horn," relates that Gen. Gurney had no children by his first wife, that he married his second wife during the yellow fever of 1793, and that his oldest daughter, who the Doctor says was 9 or 10 years old when he saved her life in 1794, was not born until the latter end of the year 1795. Tis vain to say that some little *friend* was mistaken for a *daughter*, for Dr. C. says, that the acquaintance, thus begun, "ripened into friendship uninter-

rupted to the end of Gen. Gurney's life." Two daughters of the General now live in Philadelphia of sound mind; they acknowledge the friendship of their father for Dr. C. but they never heard of any even the least saving effort made by the Doctor, till they read it in his Autobiography.

This *cacoethes* of speech-making is the greatest blemish in the workmanship of the book, for it gives to the whole mass the character of romance. It is an offence that is often met with among those troublesome mortals who are indecorously ambitious of eminence in conversation, without the ability of either instructing or amusing. Some men fond of relating their victories and their superlative shinings in company, will grieve you with the relation of a long harangue which you are certain was never made; and yet for civility's sake, you are obliged to listen to, assent to, and thus to applaud the flowing oration. We knew a lawyer who was thought to practice oratory on every company; an excellent lady was asked—had you a pleasant time last night; no, Mr. H. practised upon us, but we had no conversation.

During the yellow fever of 1797, our hero and Dr. Rush had a reconciliation, the cause of which does honour to them both. Rush was strenuously pursuing his treatment of the fever, in which he was followed by Barton, Physick, Caldwell, Griffitts, Currie, and others; but the persecution of the opposing party with Porcupine at their head, fell upon Rush alone, as says Horace, "thunderbolts strike the tops of the mountains." Dr. C. says p. 278,

"For several reasons, but principally for *two*, this state of things soon became to me intolerable. In the first place, Dr. Rush, as I believed then, and still believe, was contending for the right, in both practice and theory; by which latter term I allude to his doctrine of domestic origin. To defeat and injure him, therefore, would be tantamount to an injury to the community at large. And in the second place, let the issue be what it might, and the principle involved be what it might, to witness a contest of dozens against one, without some sort of interference in behalf of the oppressed, was an act cold-hearted, illiberal, and unmanly, from which my nature recoiled, with sentiments akin to contempt and abhorrence. True, Dr. Rush was not my friend. But no matter for that. In the present case he was much more. He was the friend of truth, and of his race, and deserved to be supported by every man of honor and virtue. Besides, I had long since determined never to allow private feeling to impede the discharge of public duty."

Dr. C. then wrote anonymously in defence of the new doctrines and, p. 279 "drew the current of the daily slanderst hrough the press, very much from Dr. R. thus giving him a little respite from the galling annoyance he experienced." Rush heard that C. was seized with the fever and discovered at the same time that he was the author of the defensive papers. He sent immediately to Caldwell and requested that himself and Dr. Physick might be admitted as visitors. They were kindly received and they attended him through his disease. C. says, p. 281, "R. exercised towards me the whole resources of his amenity and courtesy which were almost boundless, for he was among the most polished men of that polished age." Now even here, most wonderful to tell—these great men were not permitted to retire for consultation till their patient, very ill of yellow fever, had made them a long speech to convince them, as he says, that he knew something of his own case and that he had no fear of death!

Having gone through the epidemic of 1797, he gratulated himself in these words, p. 283—

"I had extended materially the sphere of my business, improved my reputation as a writer and practitioner, and, as far as appearances were concerned, and with as much reality as I ever expected, had smothered my misunderstanding with Dr. Rush—and I had done so in a manner triumphantly in my favor."

He now pursued his studies with his usual vigor, determined to leave no stone unmoved in preparing himself for a professorship, for a man he says, p. 287,

"Destitute of medical literature and science, and undisciplined in composition, reading, and speaking, seated in the chair of a medical professor, constitutes one of the fittest of 'objects for scorn to point her slow unmoving finger at,' and for all well qualified and high minded teachers to treat with contempt."

He therefore spends ten more laborious years in fitting himself for public instruction. During this time he translated *Senac* at the request of Dr. Rush, to whom he dedicated it in the most affectionate language and sentiment. But the dedication was made to R. without his knowledge, because his modesty was so enormous that he would never have permitted it; and it was made to him says Dr. C., because he was among the ablest judges in the whole world of the merits of the work.

"But I am actuated, also, by other considerations, which though

more private and personal in their nature, are not with me less powerful in their operation. These considerations, were they to be even rejected by the judgment, would appeal to the feelings, and though repulsed from the head, could never fail to gain admission to the heart.

During an intercourse of some continuance, particularly during the term of my medical pupilage, and the first years of my practice as a physician, I received from you many acts of attention and courtesy, which as a young man and a stranger in the place, impressed me deeply at the time, and have still continued to be sources of grateful recollection. Out of these civilities, obligations naturally arose on my part, which our relative situation has not yet allowed me to cancel. It is even possible, that an opportunity of cancelling them may never occur. I must, therefore, beg your acceptance of this dedication as some acknowledgement of them, accompanied by my sincere wishes for a long continuance of your health, happiness, and *useful labors.* For however grateful, in the evening of life, the *otium in secessu honestum* may be to a philosophical and contemplative mind, I am unable to wish you such a retirement. It is enough that we should be deprived of your labors and services when you shall have gone to enjoy the reward of them in a better world. CH. CALDWELL."

Truly this would seem to show that the old sores were quite healed, and even that the original cuts had not been so deep and ghastly, as they are now represented. This affectionate dedication of Senac is dated Oct. 1805, and only 15 months afterwards, he published an excellent history of the yellow fever of 1805 wherein he applauds the practice he learned from his old Master, but does not once name him, however renowned in these epidemics. It was during these 15 months we presume, that the conversation took place related in p. 289 which we shall quote entire. Speaking of his preparation for a professorship, he says—

"It was uninterruptedly and laboriously continued during the space of ten years. True, within that space I delivered to pupils, by invitation, many addresses on medical subjects. But ten entire years had elapsed, before I ventured to call together a class to listen to my lectures for the purpose of instruction.'

'Though, in my Philadelphia lectures, I broached many sentiments, and presented and defended many views in direct opposition to those entertained and inculcated by Dr. Rush; yet, in all cases, I spoke at first of his opinions so courteously and respectfully, and of himself so complimentarily, that it was hardly possible for him to except to anything I uttered. Yet did I plainly perceive that he was not satisfied with the self-resource doctrines I irrespectively taught, and the independent course I pursued in relation to them. Nor could I fail to be made sensible that our intercourse became less and less cordial. Still, however, did the doctor occasionally refer to the subject in such a way, as to present to

me the prospect that, in case of certain contingencies, the doors of the Medical School of Philadelphia would be opened for my admission to a professorship. But even on that subject, his encouragement grew fainter as time and changes went on; until he at length gave me to understand his opinion, if not his wish to be, that, except on certain conditions performed on my part, the doors of the school would be certainly closed against me; and with those conditions he well knew I would never comply.'

'Pray, sir,' said I, 'have the goodness to inform me whence has arisen this sudden change?' He replied that the change was not very sudden, but had been in progress for some time. 'Wherefore, then,' I rejoined, in an excited tone and manner, somewhat resembling those of *demand*, 'have I not been apprised of it at an earlier period?' 'Why, sir,' said he, 'to be the announcer of unpleasant news is an unpleasant employment.' 'It is, or surely ought to be,' I promptly replied, 'less unpleasant, and more friendly and useful, to communicate the news of things being in jeopardy, but still perhaps remediable, than of their being lost and irremediable.'

'But whether the change referred to be of recent or of long standing, it has a cause; and of that I hold myself entitled to be informed.' 'Though I am not,' said he, 'in the habit of divulging the existence of secret and alienated feelings, it is perhaps my duty, in the present case, so far to do so, as to tell you, that some members of the Faculty are not friendly to you, and are unwilling to speak well of you to the Board of Trustees.'

'Unwilling to speak well of me! Do any member or members of the Faculty dare to speak ill of me to either the Board of Trustees, or any other persons? If so, I have a right to their names.' 'Of your talents, attainments, and powers in lecturing and instructing,' he replied, 'they speak in the most respectful and flattering terms. But they are reluctant to recommend you to the Board of Trustees, in the light of a professor.'

'It is time enough for them, sir, to refuse their recommendation, when it is wanted. I have never either asked for it, or coveted it. Nor do I set on it the value of 'a pin's point.' And you are authorized, if you please, to tell them so, and say that you do it at my request. The only recommendation I rely on, or would accept, 'is that of my fitness to discharge the duties of the station. And that 'fitness' not a member of the Faculty ever has denied, or will deny, in either my own presence, or in that of my friends. And you may deem it even superfluous in me to add, that to yourself the truth of this is thoroughly known, and by yourself has been publicly and repeatedly acknowledged. And to you is it further known that, had I, like two or three other persons, whom it would be superfluous in me to name, degraded myself and flattered them, by paying court to certain members of the Faculty, who need not be designated to you, it would have been very easy for me to conciliate their patronage and favor, and procure their recommendation to any appointment I might solicit or desire. For the only reason they have to decline

speaking *well* of me to the Board of Trustees, is because I have never condescended to speak flatteringly of them.

'But this conference is no better than a waste of words. I shall therefore close it by remarking that, though you have pronounced the Philadelphia Faculty barred against my entrance, either it or some other will yet be open to me, and I shall be invited and solicited to enter it. For, notwithstanding the hostility towards me, to which you have alluded, should my life and health be spared, I will, before the lapse of many years, be the occupant of a chair in a school of medicine as honorable as your own.' This was the last conference I ever ~~held with D~~r. Rush. And though, for some time afterward, we civilly saluted when we met, we at length discontinued even that mark of regard, and passed each other without recognition."

His hopes, as we learn from his book, were that R. would give him the *Institutes*, confining himself to the *Practice;* and the book proves that the aspiring man was rather more obtrusive and demanding than modesty permits. Rush, moreover, could not be expected to bring forward a man who had been lecturing against his doctrines. True this very thing was done many years afterwards and in that very chair; but this was in circumstances so different, that the two cases cannot be brought into parallel.

It was in the year 1809, we believe, that C. began to interrupt Rush's lectures. He rented a room in Market st. above 9th and advertised the students of his lectures by placing his servant at the gate of the University with bills. His first two or three lectures were pretty well frequented, but the number rapidly declined. I was persuaded one luckless evening to hear him in the 2nd st. market house whither he had removed; and had I not gone, it would have been another case of the *Dearly beloved Roger, you and I*, for William W. Anderson of Maryland and myself were the whole class—*nos duo turba sumus.* We were told that timely notice would be given of the next lecture, but none reached us till November of the next year, when something like the same farce was played and with the same final success. Whether anything was attempted in subsequent years, we do not remember.

He had now no hope from the University during Rush's life, and therefore he had the less pain in following his old master to the grave in Ap. 1813. On this occasion, he seems to have seen things, not as they were but as he wished them to be, for he tries to persuade his readers that the death of the Old Man, as

the Greeks used to say, made very little sensation in the city or any other place. This is another proof that his dreams came out at the "ivory gate," for it is in direct opposition to all that we have ever heard, not having been present ourselves. "No member of the Profession of any standing either volunteered his services or could even be induced to pronounce on him a eulogy," p. 314. This language conveys a falsehood—that one or more were desired to do this and spurned the office. But the truth is, that no physician in Phila. at that time could have felt himself adequate to the task, except Barton, Caldwell, and Chapman, who were all personal enemies of the defunct, and therefore, and for other rersons, could not have been agreeable to the bereaved family. But there was "no flood of tears from the eyes of the citizens generally or even those of his own immediate neighborhood," p. 313. Truly many a man has deep sorrow at his heart who neither sheds tears nor makes a wry face. This melting Doctor seems to require too much of us common mortals; he looked for streaming eyes, having said that Senac was followed to the grave "by thousands in tears."* Well may we exclaim with the Satirist—*Mirandum est unde ille oculis suffecerit humor.*

But Dr. C. is not always consistent with himself. In his life of Rush *in Delaplaine's Repos.* he says—"since the death of Washington, no man perhaps in America, was better known, more sincerely beloved, or held in higher esteem. Even in England the *tear* of sensibility descended on his ashes and the voice of eulogy was raised to his memory." * * * * "For nearly 3000 years past, but few physicians equal in greatness have appeared in the world; nor is it probable that the number will be materially increased for ages to come." *Si sic omnia dixisset*, for in the book before us, he labors hard to depreciate the medical, philosophical, and social character of his master. But all who knew the sterling worth of this great and good man, will look upon him, though willing to be called a *descendant of Julius Cæsar*, as the ass kicking the dead lion.

He says p. 314, that all Rush's theories died with him and that some of them he even survived. This is not true, as every

* Caldwell's Preface to Senac.

one knows; but true it certainly is, that at his death, they fell "on evil days and evil tongues." Rush was succeeded by Barton who had been his sworn personal enemy for many years and had opposed him in everything except his doctrines and treatment of yellow fever. This man now published an edition of Cullen with some notes and made it his text book; he revived Nosology, and sought every means of depressing his great predecessor.

This most unhappy man sank to rest very quickly under his new labors, when forthwith came Chapman, another bitter personal enemy to Rush. He labored assiduously to undermine the reputation of his great Preceptor; and in this work, he was cheerfully assisted by Caldwell who secretly aided him in preparing his lectures. Barton had introduced Cullen's *F. Lines*, and therefore Chapman now prevailed on Caldwell to publish a new edition of this work with voluminous notes. This book, our new professor used for twelve years.

Meanwhile the two Friends patched up a lame and stumbling theory which they dignified by the word *Sympathetic*. In this theory, says Caldwell in his letter to Chapman, *Ph. Med. and Phy. Jour. vol. iii.* 303, "it is certainly true that as teachers and disputants, we have for many years held our station in the first rank of battle." Lame as this doctrine was, it stalked abroad, no doubt like Sir John Mandeville's nation of Ethiopians who had but one leg; for we take it for granted, that Sir John exaggerates when he says, they could run faster with only one leg than other nations can run with two.

Meanwhile the Lectures of Rush were not published by his family, but retained to be delivered annually by his son, with such addition and subtraction, perhaps, as he might think proper; by which suppression, the long, and careful, and anxious experience of this profound medical philosopher has been lost to the world and to his own fame.

That Dr. C. was a man of superior natural mind made powerful and commanding by unwearied labor, there cannot be a question. His early education, he acquired on hard terms and not without great and meritorious exertions. Being thrown early in life on the resources of his own mind, his early learning was principally that which use required, hence he became a translator from Latin

and French; but we do not see or hear that he made much progress in Greek and other academical studies, except in one of his conversations with Dr. Rush. In his *Reply to Haygarth*, which he seems willing to suppose sent the Doctor "where the wicked cease from troubling," he makes a host of blunders in the use of a *regular* Greek adjective. Ridiculing him for the phrase "*gratefully thankful*," Caldwell exclaims—"in plain English *thankfully thankful!* How brilliant is the commencement of the 19th century! a new degree of comparison ushered into the world to supply the deficiency of the former three! The French have only their *reconnaissant*, *plus reconnaissant*, *bien reconnaissant;* the Romans only their *gratus*, *gratior*, *gratissimus;* the Greeks only their *eucharis*, *euchariôn*, *eucharistos;* but thanks be to the genius of Haygarth, we have our *thankful*, *more thankful*, *most thankful*, and *thankfully thankful*." This, it must be confessed, is rather petulant than wise; ignorance, it certainly is. Eucharis is not compared as he has done it, but regularly in *teros* and *tatos*. There is no *euchariôn* in the language nor *eucharistos* in the superlative degree. Finding *kalos*, *kalliôn*, *kallistos* and *kakos*, *kakiôn*, *kakistos*, he compared *eucharis* in the same way! Had Dr. Haygarth replied, he might have shamed him for his impudent ignorance.

In early life he appears to have been an imitator of Johnson and Gibbon, as seen in his dedication and version of Blumenbach; even in later life, his early grandiloquence sometimes escaped him. He says of Rush, as above quoted—"even in Europe, the tear of sensibility descended on his ashes and the voice of eulogy was raised to his memory." Here he looked to the roundness of his period rather than to the sense, for eulogies naturally rise and tears fall—though not from Europe on our *ashes* in America. When Editor of the Port Folio, he requested his contributors to send him "something equally remote from intangible levity and insupportable onerosity." But this *onerous* and *insupportable* diction is not often seen in his later works; these afford a strong masculine style, natural and perspicuous, free from affectation, and not disgraced by words of his own coining.

His whole character, like his manner of writing, was formed by intense labor and care; whatever he did, he always tried to do in the best manner, hence he was in early life, like his early

style, rather an unnatural man, the result of perpetual affectation. Thus I can remember telling a lady about the year 1807, that if he scraped his feet at the door, he would try to do it with the utmost grace and dignity. This opinion of 48 years ago, accords with one of his three rules of conduct adopted by him when yet a boy—"whatever you do, do as well as you can." p. 443. But when he visited Philadelphia, I believe in 1839, this extreme politeness seemed to have worn itself into a more natural grace and easy dignity.

One of the greatest faults of his life is, that he wrote on too many subjects, and of this he was finally convinced. Had he devoted his mind to his profession, he might have left some lasting monument to his name and country; but the dilution of his powerful intellect has been such, that it may be a question, whether any of its numerous progeny is strong enough to survive.

If we consider his entire history, he must be looked upon as an extraordinary man. He was not brilliant but learned; his acquisitive faculties were strong, nor in ratiocination was he at all defective; but imagination was wanting, without which no man can ever become truly great. He deserves much praise for his industry and his uninterrupted temperance; and yet even these virtues may be suspected of selfishness, for his ambition was so inordinate, that he seems to have had the *sublimi feriam vertice sidera* of Horace perpetually in his mind.

Had he not ambitiously overstrained some of his virtues, he would have been a more agreeable, popular, and useful man; had he been less obtrusive, fame would have followed him as it was said to follow the modest Cato; and had he been decently respectful to his old master, to whom by his own confession he was greatly indebted, he would have been the successor of Rush and have proved a lasting honor to American Medicine: but *Omnibus in terris quæ sunt &c.*

> "Look round the habitable world—how few
> Know their own good, or knowing it pursue."

A treatise on the Practice of Medicine. By George B. Wood, M.D. Professor of the Theory and Practice of Medicine in the University of Pennsylvania; President of the College of Physicians of Philadelphia, etc. Fourth edition. Philada.: Lippincott, Grambo & Co. 1855.

When the above publication first appeared in 1847, many excellent treatises on the practice of medicine were in use throughout our country. Notwithstanding these, it took its position at once as a standard work of the very first order. The distinguished reputation of its author, as one of the writers of the United States Dispensatory, a work which is universally acknowledged to have no equal of its kind in any language, as well as the fact that he was extensively and favorably known as a teacher in the first school of our country, contributed somewhat, undoubtedly, to this brilliant success. The exhaustion of three large editions in eight years is a sufficient and convincing proof, however, if any such were needed, that the high character at once accorded it by the profession did not owe much to such extrinsic causes, but was due to its own inherent and indisputable merit. A sound and well disciplined understanding brought to bear upon subjects with which the writer was familiar, both from his own personal observation and experience, and from intimate acquaintance with and study of the writings of others, was evidenced throughout its pages. At this late date, commendation of it, however, is useless. We shall only say, therefore, that as a clear, exact and truthful representation of the science of which it treats, we think it will bear a most favorable comparison with any of the systematic treatises that have appeared in our language.

The progress of medical science at the present time is so rapid, the sources from which the new facts and observations of writers must be gathered are so numerous, that frequent revisions and alterations are required to be made in every standard treatise, if its author wishes to keep apace with the ever flowing current. To make these necessary changes, demands a great deal of labor and much discrimination. A vast amount of chaff must be winnowed before the bright grains of truth can be gathered. The present edition bears evidence throughout its pages that these duties have been well executed by our author. Besides the

numerous alterations in the text, and the many additions, principally in the form of notes, which are given us, we notice that some of the sections have been considerably enlarged and modified, as, for instance, the one which treats of "Disease of the fluids." We need hardly say, that the result has materially enhanced the value of the work.

Upon the subject of peritonitis from intestinal perforation, occurring during the course of typhoid fever, we observe a note in the present edition, (see p. 349,) which states that the author had successfully treated another case of this grave accident. "It must be confessed, however," he remarks, "that the value of such observations is diminished by the publication of certain cases by Dr. Thirial, which go to prove that violent and fatal peritonitis, which might readily be mistaken for peritonitis from perforation, occasionally occurs in enteric fever without any discoverable opening in the bowel." (See Med. Examiner, N. S. xi. 120.) As the subject is one which may prove interesting to some of our readers, we shall make a few comments upon it.

Though perforation is occasionally mentioned by some of the early writers, M. Louis may be said to be the first who drew the especial attention of pathologists to its frequent occurrence in typhoid fever. In his *Recherches Anatomiques, Pathologiques Ete de Fievre Typhoïde*, he states that he had found it to exist in eight cases out of fifty-five examined by him, or in nearly one seventh of the fatal cases. Ordinarily there is but one perforation, which generally takes place in the neighborhood of the cœcum. In five of these eight cases, the previous fever was either slight or latent. In one instance, it occurred on the 12th day of the fever; in two on the 18th; in the other four, between the 22d and 42d day. Severe symptoms marked its occurrence in five cases. In the other three, it was latent, so to speak, although death took place quite as rapidly as in the others. The symptoms were sharp and tearing pains suddenly experienced in the abdomen, rapidly followed by change of expression, nausea and vomiting, rigors and all the characteristic marks of an intense acute peritonitis. "We can consequently," he says, "diagnosticate that a perforation exists, whenever the following characteristic symptoms occur. If in the course of a typhoid

fever, grave or slight, or even where unexpectedly, the disease having been latent until such occurrence, severe pains in the abdomen occur suddenly, which are exasperated by pressure, accompanied with alteration of the features, and, sooner or later, by nausea and vomiting, we may announce that there exists a perforation of the intestine." Each of the above symptoms, he remarks, however, must be present to enable us to form a positive opinion. Not only must the pain be violent, with marked alteration of the physiognomy, it must also be increased by pressure, and sooner or later extend over the whole abdomen. Even though great diminution of the pain should occur, we should still adhere to our previous diagnosis, should all the other symptoms still persist.

Our knowledge of the symptoms characterising peritonitis from perforation, has received no further increase since the date of the above generalization. The formula may still be considered good, though as we shall hereafter show, there are occasional exceptions to the universal adoption of it as a law.

The prognosis of perforation, it is almost needless to observe, is most disheartening. In fact, until within a few years, its occurrence was considered as invariably fatal. Dr. Stokes, in an article contributed to the Dublin Medical and Chemical Journal, was the first to cast a doubt upon this. After showing the inapplicability of the previous methods of treating it by blood-letting, mercury, &c., he observes that the two great indications are to support the strength of the patient so as to gain time, and to diminish, as far as possible, the peristaltic action of the intestines. If this latter object can be attained, not only might the further ingress of fœcal matter into the peritoneal sac be prevented, but what is equally important, the organizable lymph effused would be allowed to perform its office undisturbed. To attain these importants ends, he proposed the use of opium in large doses, and detailed two cases in which "decided evidence of the utility of this mode of treatment was obtained. In the first, in which the symptoms of perforation had existed for two days, and the patient was in almost complete collapse, the use of sixty drops of black drop in the twenty-four hours was followed by most singular improvement." In forty-eight hours, "*every symptom of abdominal inflammation had subsided;* the belly was natural and the

pulse good. At this period the mildest possible laxative was exhibited, which produced four evacuations, followed by an immediate return of the symptoms of peritonitis, under which the patient rapidly sank. On dissection, we found universal peritonitis, but the intestines were everywhere agglutinated together, except in the left iliac fossa. The perforation existed in the cœcum and was small; and the mucous membrane of the ileum and color was but little affected."—(*Cyclopedia of Prac. Med. Art. Peritonitis*, p. 528, Am. edition.)

"In the next case, the disease was of three days standing, and it supervened suddenly from a hypercatharsis, produced by an over dose of Glauber's salts. The patient was apparently in the last stage when the opium treatment was commenced." Under its use the symptoms soon improved, and at the end of ten days, after taking 105 grains of opium, convalescence was completely established.

Since the period of publication of Dr. Stokes' article, several cases of supposed cures of perforation have been published. In all of them, opium or some of its preparations, was freely administered. Two of these presumed cures, both of which are referred to in the present edition, have been published by Dr. Wood. The first took place in 1850, the particulars of which, as stated to the College of Physicians of Philadelphia, may be seen in its Transactions, vol. 1, p. 32, N. S. The second one, which occurred in the latter part of the year 1852, though of a less certain character than the first, presented features which rendered it "highly probable that the inflammation of the peritoneum resulted from perforation of the bowels."—*Ibid*, vol. 1, p. 418, N. S.)

Such was the belief entertained by the profession, regarding the possible cure of this affection, when Dr. Thirial published an article in *L'Union Médicale*, Nos. 83, 84 et 85; 1853, in which he detailed four cases of peritonitis which occurred in the hospital *de la Charité*, during the service of M. Rayer. One of these, was admitted for favus; two for typhoid fever and one for disease of the heart, which was followed, three weeks after admission, by an attack of typhoid fever. In the three latter cases, the patients were severally convalescing from their diseases when symptoms of acute peritonitis, with rapid sinking of the vital

powers, attributed in each case by the attending physician to the occurrence of perforation, suddenly supervened. Death rapidly followed in all of them. The autopsies, which were made with the most scrupulous care, were conducted in the following manner. The intestines were detached and then filled water, the precaution being first taken of tying a ligature around the lower portion. No solution of continuity being discovered in them by this method, they were then laid open and minutely examined. Still no perforation could be found. Vivid injection of the whole peritoneum, soft and recent plastic lymph, serum, false membranes, in fine, all the pathological evidences of acute peritonitis were alone revealed by the examination. The diagnosis of perforation was found incorrect in every instance.

In the present number, we record two additional communications by Dr. Wood upon the same subject. To these, and especially to his remarks on the second case, we invite the attention of our readers. Difficult as it must be to arrive at a positive determination upon the point at issue, viz., whether a perforation has *ever* been cured, we think our readers will agree with us in considering it as very improbable, to say the least. When we reflect that acute peritonitis, even in a previously healthy person, is a very dangerous affection—that our prognosis would naturally be still more unfavorable, should it suddenly occur either during or immediately after, an attack of typoid fever; its conjunction under such circumstances, with such a fearful accident as perforation, must, *a fortiori*, leave hardly a doubt of the result. Add to these considerations, that perforation has no symptoms, *per se*, separate from those which belong to acute peritonitis, by which we can detect its presence—that it has been fairly proved, also, that peritonitis does occasionally occur, both during and after typhoid fever, with no perforation, and we think it will be difficult to evade the conclusion that in every instance where recovery has been supposed to have taken place, uncomplicated peritonitis has been the disease under treatment.

Essays on Infant Therapeutics : to which are added observations on Ergot ; history of the origin of the use of Mercury in Inflammatory complaints, &c. By JOHN B. BECK, M. D., Professor of Materia Medica and Medical Jurisprudence in the College of Physicians and Surgeons of the University of the State of New York, &c. Second Edition, enlarged and revised. New York, S. S. and W. Wood, 1855.

The above is an able and valuable work, abounding in much useful information, from which all may reap benefit, but more especially adapted to the use of the young practitioner. The research, sound judgment, and good sense, for which its lamented author was so highly distinguished, are most effectively portrayed in it. The practical nature of most of the essays, treating as they do of the evils resulting from the excessive use of remedies daily employed by physicians, claims for them particular attention.

THE MEDICAL EXAMINER.

PHILADELPHIA, APRIL, 1855.

AMERICAN MEDICAL ASSOCIATION.

The eighth annual session of the American Medical Association will shortly be held in this city. We sincerely hope that the assembled delegation will prove a numerous one, and that every part of the Union will be represented. We can assure them, whatever be their number, that they will be heartily welcomed, and that no efforts will be spared on the part of Philadelphia, to render their short sojourn in it as agreeable to them as it is in the power of its physicians to make it.

As the great centre of medical education, from which so many of the wise and good of our profession have gone forth to their distant fields of duty, Philadelphia must ever be regarded with interest by the medical corps throughout the country. The spot in which the first seeds were sown, from which so numerous a band is now reaping the fruits, in an honorable, if not lucrative harvest, cannot but have a warm place in their affections. The coming occasion will afford so favorable an op-

portunity to its *alumni* of once more revisiting the *alma mater* of their youth, that very many of them, we trust, will avail themselves of it.

The vast interests which are embarked in the Association—the magnitude of the stake for which it was created—the full organization and complete reform of the profession—are considerations unnecessary here to dwell upon. We shall only observe that its influence in elevating the medical character and intelligence of the country, and in cementing those bonds which should unite us as one body, is already widely felt. Nor can we permit ourselves to doubt for a moment, should it still continue to be conducted in the proper spirit, that all its objects will be ultimately secured to the profession.

Rejoicing in the opportunity once more afforded us of reciprocating the warm and generous courtesies, so frequently extended to the profession of our city, we sincerely trust that the anticipated meeting will prove, in every respect, a satisfactory one.

MEDICAL NEWS.

We have been informed that Dr. G. W. Norris and Dr. Wm. Pepper have been elected from the Pennsylvania Hospital as delegates to the American Medical Association.

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At a meeting of the Medical Board of the Philadelphia Hospital, held Feb. 24th, 1855, Drs. Henry H. Smith and J. L. Ludlow were chosen delegates to the American Medical Association, at their next Annual Meeting in Philadelphia. J. L. Ludlow,

Secretary of Medical Board of Pa. Hospital.

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Mr. Editor,—Allow me, through the columns of the Examiner, to call the attention of the profession to the "Obstetrical Supporter," as modified and improved by W. S. Daniels, of New York. This light and simple apparatus is designed to make pressure upon the back of the parturient female, to furnish a support for her hands during the pains, and to keep her body and limbs in a proper position during the labor. It consists of a broad strap passing across the back and around the hips, with a pad for the back, and to which are attached at either end straps extending to the knees and feet. When properly adjusted, it gives that firm support so comfortable to the parturient female, furnishes something upon which to pull with her hands during the pains, and keeps her body and limbs in the position most favorable for the management of the case. The peculiarity of this instrument is, that as the female pulls upon the hand-straps during the pains, she at the same time increases the pressure upon the back, flexes the lower extremities,

draws the trunk forward, and increases the contractile power of the abdominal muscles.

I have not yet had an opportunity of using this supporter, but from a careful examination of it, I consider it admirably adapted to fulfil the indications for which it was designed. JOHN WILTBANK, M. D.

Having examined the apparatus described by Dr. W., I concur in his opinion of its adaptation to favor parturition, especially during its latter stage. THEOPHILUS E. BEESLEY, M. D.

The above instrument may be seen at Mr. Gemrig's, in Eighth below Chestnut St., East side.

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AMERICAN MEDICAL ASSOCIATION.—The Eighth Annual Meeting of the American Medical Association will be held in the city of Philadelphia, on Tuesday, May 1, 1855.

The Secretaries of all Societies and other bodies entitled to representation in the Association, are requested to forward to the undersigned correct lists of their respective delegations *as soon as they may be appointed;* and it is *earnestly* desired by the Committee of Arrangements that the appointments be made at as early a period as possible.

The following are extracts from Article 2d of the Constitution:—

"Each local Society shall have the privilege of sending one delegate for every ten of its regular resident members, and one for every additional fraction of more than half of this number. The faculty of every regularly constituted medical college, or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital containing a hundred inmates or more, shall have the privilege of sending two delegates, and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate.

"Delegates representing the medical staff of the United States army and navy shall be appointed by the Chiefs of Army and Navy Medical Bureaux.

"The number of delegates so appointed shall be four from the army medical officers, and an equal number from the navy medical officers."

The latter clause, in relation to delegates from the army and navy, was adopted as an amendment to the constitution at the meeting of the Association, held in New York, in May, 1853.

FRANCIS WEST, M. D.,
One of the Secretaries, 352 Chestnut St., Philadelphia.

The medical press of the United States is respectfully requested to copy the above.

[We sincerely hope that the above request will be attended to by the Secretaries of Societies, &c. We are informed that very few lists have, as yet, been forwarded.—ED.]

Medical Society of the State of Pennsylvania.—The Annual Session of the Society will be held in Hollidaysburg on the last Wednesday (30th) of May, at 10 o'clock in the forenoon.

The Secretaries of the several County Societies will please forward the lists of delegates to either of the Secretaries.

D. Francis Condie, Philadelphia,
Henry Carpenter, Lancaster,
Secretaries.

RECORD OF MEDICAL SCIENCE.

Meeting of the College of Physicians.

Curability of Intestinal Perforation in Typhoid Fever.—Dr. Wood made the following remarks on this subject:—

The Fellows of the College may perhaps remember that, on two occasions, I have called their attention to cases of recovery from peritonitis in typhoid fever, occurring under circumstances which rendered the supposition highly probable that perforation of the bowels had taken place. A notice of the two cases was published in the *Transactions* of the College, to which I would refer. (See *Transactions*, N.S., vol. i. pages 32 and 418.) In relation to one of these cases, I have scarcely entertained a doubt as to the existence of perforation; and in the other, it appeared to me in the highest degree probable.

Subsequently, I have seen an account of two fatal cases of typhoid fever with sudden peritonitis, which occurred in the Charity Hospital Paris, and in which, upon the most careful examination after death, no perforation could be discovered. A notice of these cases may be seen in the *Medical Examiner* (N.S., x. 120.) It cannot be denied that they tend to throw some doubt upon the reality of perforation, in the few cases which have been published of recovery from peritonitis in typhoid fever, supposed to have had this origin. But I have recently had under my care, in the Pennsylvania Hospital, a case of typhoid fever which, I think, affords satisfactory evidence of at least the possibility of recovery under the circumstances referred to; that is, when peritonitis has occurred in consequence of perforation of the bowels in that disease. To offer to the College a brief sketch of this case is the object of the present communication.

T. C., a young man, about 23 years old, was admitted into the Hospital on the 21st of November. His friends stated that, three weeks before his admission, he had been attacked with a chill, and had been unwell ever since. At the time of his entrance, he had all the characteristic symptoms of typhoid fever in its advanced stage; among them, a pulse of 128 in the minute and very feeble, a perfectly dry tongue, muttering delirium, diarrhœa, and tympanitic abdomen with the rose-

colored spots and tenderness on pressure. There was also cough, with embarrassed respiration and evidences of pulmonary congestion. He was put on the use of oil of turpentine, and small doses of the blue mass, opium, and ipecacuanha, with emollient poultices to his abdomen, dry cups to his chest, and wine-whey, soup, and milk, to support his strength. On the 24th, his tongue had become moist, his abdomen less tumid and tender, and his pulse reduced to 115. So far as the fever was concerned, he seemed on the way to convalescence; but the pectoral symptoms had increased, and pneumonia was decidedly developed. The remedies were continued, with the addition of a large blister to his chest. But the pulmonic affection rapidly gained ground; the respiration was very much oppressed; the skin became cold and clammy, and the pulse extremely feeble; and life was sustained only by the administration of the most active stimulants. He died on the first of December, obviously of the disease of his lungs, the abdominal symptoms having almost entirely disappeared.

On examination after death, the upper half of the right lung was found in a complete state of gray hepatization, being everywhere infiltrated with pus, and so soft that the handle of the knife could be passed through it in all directions with very little resistance. The remainder of the right lung, and most of the left, were more or less congested. There could be no doubt as to the cause of his death. I was not present at the examination of the body; and, though the lungs and intestines were kept for my inspection, I had no opportunity of seeing the bowels in *situ*. Dr. Forbes, however, one of the resident physicians of the hospital, who made the autopsy, was kind enough to present me with the following account, in substance, of what he discovered on opening the abdomen.

Evidences of previously existing peritonitis were exhibited in small portions of semi-organized coagulable lymph adhering to the bowel and abdominal parietes, chiefly in the right iliac region, where, at one spot, it served to agglutinate the small intestine to the anterior wall of the abdomen. There was little or no liquid in the cavity, and no fecal matter. The adhesion was carefully separated by the thumb-nail, when a portion of the contents of the bowel escaped into the abdomen at the point of separation. On further examination, a perforation of the intestine was found in the middle of an ulcer, which appeared to be healing at its edges, as were several other ulcerated surfaces.

When exhibited to myself, the intestines were, as already stated, separated from the body, and had been laid open. A considerable number of healing ulcerated surfaces were visible along the ileum, in the situation of the aggregated glands; and, in the middle of one of these ulcers, near the ileo-cœcal valve, was an oval opening, about half an inch in length, quite through the bowel, with a smooth, rounded edge, which had certainly not been produced either by tearing or by the knife. There could not be the least doubt that it was a perforating ulcer. Near its edge, on the peritoneal surface of the bowel, was an adhering layer of semi-organized coagulable lymph, about an inch and a half in diame-

ter, and here and there smaller patches, with some shreds adhering somewhat loosely to the bowel, at a little distance from the surface of adhesion, showing that the inflammation had extended some distance beyond the outer limits of that surface.

The College will, I think, agree with me in the conclusion that here had been a case of peritonitis from perforation, though of no great extent. Before any considerable portion of the intestinal fluid had escaped, adhesion had taken place around the opening by means of the exuded fibrin, and further mischief was thus prevented. The inflammation had probably begun to subside before the patient entered the house; and the 24th may be considered as the commencement of convalescence, so far as the peritonitis was concerned. I presume that the patient would have recovered, but for the supervention of pneumonia, which, in consequence probably of the general debility and bad state of the blood, passed very rapidly into the third stage, or that of suppurative disorganization.

If my interpretation of this case is correct, it proves pretty conclusively the possibility of a cure of peritonitis from perforation in typhoid fever, and supports, if it does not justify, the views taken of the pathology of the first two reported cases.—*Trans. of the College of Phys. of Philad. N. S. Vol. ii., No.* 7.

Meeting of the College, Feb. 7, 1855.

Peritonitis in Typhoid Fever, without Intestinal Perforation.—Dr. Wood made the following remarks on this subject:—

"Since my last communication to the College, a case has occurred to me at the Pennsylvania Hospital, which has some bearing on the question referred to in that communication; whether, namely, recovery has ever really taken place from peritonitis resulting from intestinal perforation in typhoid fever. What I stated at a former meeting of the College proves, I think, the possibility of such an event. The case of which I am about to give an outline shows, like those reported as having occurred in one of the hospitals at Paris, that we can never be positively certain, in any particular instance of peritonitis in the advanced stage of typhoid fever, that it originated in perforation.

"J——— B———, aged seventeen years, entered the hospital on the 2d of January. According to his own account, he had been three days ill; but the symptoms, which were those of typhoid fever in the middle of its course, evinced that he was in the second week of the disease. The tongue was quite dry, and the abdomen tympanitic; and the characteristic red spots, if not present at the time of his entrance, made their appearance very soon afterwards. Under the plan of treatment usually pursued in the hospital, including the use of oil of turpentine as an alterative to the ulcerated surfaces in the intestinal mucous membrane, he gradually amended; and on the 20th, I presented him to the class in attendance upon the clinical lectures as quite convalescent. On the 21st, however, he was suddenly seized with severe abdominal pains, tenderness on pressure, and great prostration; and it was evident that

he was laboring under an attack of violent peritonitis. I had no doubt of the existence of perforation of the bowel, which I felt disposed to ascribe to an orange which he had surreptitiously eaten a few days previously, and of which, in order to conceal his violation of the rules of the ward, he had probably swallowed the seed and rind. With this conviction of the nature of the case, I directed the use of sulphate of morphia largely, according to the well-known plan of Drs. Graves and Stokes, with perfect rest, a blister over the abdomen, and, towards the close of the case, stimulants in order to support life. The system never fully reacted, and death took place on the 25th.

"Dr. Forbes, one of the resident physicians of the hospital, opened the body, and found a small quantity of turbid liquid in the abdominal cavity, with evidences of almost universal inflammation of the peritoneum; but, on the closest and most careful inspection, could discover no perforation of the bowel; nor was there the slightest fecal odor in the liquid effused. I had afterwards an opportunity of examining the whole of the intestines, though not *in situ*. The internal surface of the ileum presented several recent and well-defined *cicatrices*, finely marking the boundary of the patches of Peyer's glands, which I exhibited to the class as the finest example I had seen of this appearance; but there was not a single remaining ulcer visible, and I could find no sign of an opening. The peritoneal coating was covered with a very thin, glutinous, and translucent exudation of coagulable lymph, but with little redness. At no one point upon the surface were there more decided marks of inflammation than elsewhere, to indicate the possible seat of an opening. I was compelled, therefore, to regard the case as one of peritonitis without perforation. No discoverable cause of the affection existed; and I am inclined to rank this with those not very uncommon cases, in which peritonitis comes on without any special known cause, at the close of long-continued and exhausting affections, perhaps in consequence of depravation of the blood.

"This case is calculated to throw great doubt upon the existence of intestinal perforation in those instances of peritonitis, occurring in the advanced stage of typhoid fever, in which cures have been effected, of which I have been so fortunate as to witness two, in my own experience. They may have been, as in the case just related, nothing more than simple peritonitis without any opening whatever through the coats of the bowel. One important practical inference, however, may be deduced from them, viz: that the opiate treatment is the one best adapted to peritonitis occurring under these circumstances, whether with or without perforation; as several instances of recovery have taken place under that treatment, while I am not aware that one is on record effected under any other plan.—*Ibid.*

Novel Application of Electro-Chemistry to Therapeutics.—Chemistry is about to save from death, or a premature old age, those artisans whom the exercise of a cruel profession condemns to breathe metallic dust or vapors, who poison themselves daily for the sake of living, and acquire

so many dreadful infirmities in the silvering of looking-glasses, the preparation of white lead, or working in the mines. Science comes to the help of the victims of industry or pleasure, and extracts from their bodies, atom by atom, the devastating metal that had fastened on their tissues, and weighed on the springs of life. These hopes are drawn from a memoir presented to the Academy of Sciences by M. Dumas, and the authors of which—MM. A. Poey, of the Havana, and Maurice Vergnès—will hold a distinguished rank among the benefactors of mankind, if experience confirms their assertions.

The invention consists in the application of electro-chemistry to the cure of the diseases we have mentioned; and surely, of all its marvellous uses, this would be the most admirable.

M. Poey takes an unfortunate patient, corroded by lead, mercury, gold, silver, or any other metal, and places him in a metallic bathing tub, isolated from the ground. The man sits down, his legs horizontally stretched out on a wooden bench, isolated from the tub, which is filled with water up to his neck. The water is slightly acidulated, to increase its conductibility; and the acid varies according to the cases. Nitric or hydrochloric acid is used for the extraction of mercury, silver, or gold; sulphuric acid for that of lead. This done, the negative pole of a pile is brought into contact with the sides of the bathing-tub, and the positive pole placed in the hands of the patient.

The work of purification is now in full activity; the electrical current precipitates itself through the body of the sufferer, penetrates into the depth of his bones, pursues in all the tissues every particle of metal, seizes it, restores its primitive form, and, chasing it out of the organism, deposits it on the sides of the tub, where it becomes apparent to the naked eye.

In this great discovery, chance or accident has played a part. One of the inventors—M. Maurice Vergnès—occupied himself with galvanic gilding and silvering. His hands being in continual contact with solutions of nitrate and cyanuret of gold and silver, got covered with ulcers in consequence of the introduction of metallic particles. One day he plunged the diseased organs into the electro-chemical bath, at the positive pole of the pile; and, after a quarter of an hour, to the great surprise of the beholders, a small plate of metal brought into contact with the negative pole covered itself with a thin coating of gold and silver, extracted from the hands of the operator, whence the most powerful remedies had not been able to eliminate them. This discovery was made on the 16th of April, 1852.

The authors employ a pile of thirty pair of plates, approaching, at the same time, that of Bunsen and of Grove, as coke and platina enter into its composition, by which its action is rendered more energetic. Each pair has a diameter of 40 millimetres, and is 217 millimetres high. The number of the pairs to be used at the beginning of the operation depends upon the temperament of the patient and the nature of the malady. Thus, a delicate and very nervous person is at first submitted to the action of ten or twelve pairs only, and every five minutes the number is increased. A person of a sanguine or lymphatic temperament is able to

endure a greater number of elements. The same observation applies to the quantity of acid employed in the bath, less being required for a nervous than a lymphatic constitution.

The metallic atoms extracted from the body deposit themselves on the whole surface of the tub; but they are more abundant opposite to the part of the body where the metal was lodged. The size of the metallic spots varies considerably; some are microscopical; others have the dimensions of a pea; those of the size of a pin's head are very common. "I have seen," says M. Poey, "after the bath of a person who complained of pains in the arms, from having taken mercury, the contour of the arm perfectly drawn upon the metallic plate by the deposit of metallic atoms that without doubt proceeded from the suffering member."

We shall terminate our article with an experiment made before the members of the Faculty of Medicine of the Havana.

A patient had undergone during a whole week an external mercurial treatment (frictions, with mercurial ointment.) He had then taken several lukewarm baths, and it could not be supposed that any mercury still remained attached to the skin.

He was put into a water bath mixed with muriatic acid. After having remained in it for five minutes, some of the water was taken out, and afterwards analyzed by M. Baraceca, who found no traces of mercury in it.

The circuit was then closed; and, after the electric current had acted for about an hour, a new sample of the water was taken. Mixed with an alkaline sulphuret, the water became black; and a piece of copper having been dipped into it, gave sure signs of the existence of a small quantity of mercury. Thus the water of the bath now held mercury in solution.

During the experiment, a perfectly clean piece of copper had been placed at the negative pole. When it was taken out of the water, towards the end of the operation, its yellow-greenish color not only testified an oxidation in which mercury had taken a part, but small white spots were scattered over the surface, one of which, of the size of a square line, was very brilliant and of a mercurial whiteness. The plate having been heated underneath, the spot disappeared, and the original color of the copper was restored, which proves that the spot was mercurial.—*London Med. Times and Gaz.*, from *La Presse.*

An Analysis of the Symptoms of twenty-one cases of Meningitis in the adult. By J. Lewis Smith, M.D., Physician to the Northwestern Dispensary, New York.—Perhaps there is no inflammatory disease so vaguely written upon, or so little understood, as inflammation of the arachnoid and pia mater. This arises chiefly from the fact that this inflammation usually coexists with that of the dura mater, or cerebral substance, or with disease elsewhere, modifying and obscuring its symptoms, and, perhaps, changing its course.

My purpose, in this paper, is to determine whether the books give a correct account of this disease, and to this end I have collated, as far as

possible, records of primary meningitis, and secondary, where the primary disease seemed so mild as not to produce any material modification in the patient's condition.

My investigations have been restricted to adults, from the reflection that in them the symptoms may be different from those in childhood; and in order to avoid those numerous cases of acute hydrocephalus, which is especially a disease of early life.

The whole number in my collection is only twenty-one, as, for various reasons, I have rejected most of the recorded cases of this disease. Of those published in Abercrombie's celebrated treatise, I employ only one; the rest, with the exception of a lady, in whom the disease was combined with inflammation of the ear, being either children, or else showing, after death, merely a vascular condition of the membranes. Vascularity, with or without serous effusion, may indicate, it seems to me, simply a state of congestion; and I find that Dr. Watson, of London, objects to these cases of Abercrombie, on this ground.

The French writers, as Andral, give minute records of meningitis, but most of the cases published by them present such complications, that I have not dared to use them.

Records where the patients recovered, and several such are found in the journals, have also been rejected, in the belief that we cannot yet make a positive diagnosis of meningeal inflammation from the symptoms. Only such cases have been employed as showed after death a lymphy deposit on or under the membranes.

Before proceeding to the analysis, a word should be said of the so-called cerebro-spinal meningitis, an epidemic disease, which has prevailed in various parts of Europe, as Gibraltar and Strasburg, and in our own country. The pathology of this disease is not yet understood,—some considering it a local, others a constitutional affection; and there has been a corresponding discrepancy in the treatment. Whatever may be its nature, it is evidently very distinct from the sporadic inflammation, and cannot properly be considered with it.

In nine of the twenty-one cases, the cause of the disease was not apparent. Perhaps, in some of these, a more minute autopsy would have discovered a morbid process, to which the inflammation was secondary; for the best pathologists agree that secondary meningitis is more common than primary. If, in any of them, such disease were present, it was no doubt mild, to have escaped detection. Five had tubercles in the membranes, in the midst of the inflamed surface, and in four there were tubercles in the lungs, and not elsewhere. Meningeal inflammation has been frequently noticed to accompany phthisis; and as post-mortem examinations often reveal the inflammation, without the presence of tubercles to excite it, the tubercular *diathesis* has been properly called the cause of the meningeal disease. When tubercles are found on the membranes, they, no doubt, in some instances are deposited during the inflammation, just as pneumonia may cause the first tubercular deposition to take place in the central or lower part of the lung, instead of its usual seat, the apex.

In one case, the meningitis seemed to arise from erysipelas of the neck

and scalp, in one from intemperance, and in one from reaction after profuse hemorrhage. From the records, it does not appear that the primary and secondary forms differed in any important particular. On the average, the symptoms, both in kind and intensity, seem to have been about the same.

Determining the duration of the disease has been somewhat difficult; but dating from the commencement of well-marked cerebral symptoms, as headaches or delirium, I find, in fifteen cases, the period to vary from one to thirty-three days, with an average of fifteen. In one other case, the time seems pretty accurately fixed at three and a half months, including an interval of improvement.

Symptoms.—Headache was one of the most common, generally severe, but sometimes slight. It is recorded in fourteen cases, in all of which it began the first day, and continued till the patients sank into delirium or coma. In no case is its absence recorded.

One only had convulsions. This man was a soldier in the French army at the time of its retreat from Moscow, subsequently to which he was subject to epileptic attacks. An autopsy of all the viscera showed no disease except the meningitis.

How the opinion has become so prevalent, that inflammation of the meninges gives rise to convulsions I do not know, but presume it is because this disease is most common in childhood, and convulsions usually attend this as well as other encephalic diseases in early life. Perhaps English and American physicians have derived their knowledge of diseases of the brain and membranes more from Abercrombie's treatise than any other source; and, as we have said, nearly all the cases in his collection were children. He gives the opinion that "the more common form in which the attack takes place, is by a sudden and long-continued paroxysm of convulsions," alluding to an attack of meningitis. On the contrary, our analysis clearly shows that convulsions are not a symptom of this disease except in childhood, and this correction should be made in our standard works.

A rigid and flexed state of the upper extremities was present in one case, in one trismus, in another paralysis of one side of the face, in another of an arm, and in four of an entire side.

Delirium was noticed in fourteen cases; in three coming on in the commencement of the disease, in the others not till near the close of life. It is not stated whether the remaining seven were delirious, so that if this symptom were present, it was probably of the passive kind.

Vomiting, so common in the acute hydrocephalus of childhood, occurred in only six cases, and in these, with one exception, not till the disease was well advanced.

The pupil in six cases was dilated during the comatose state, and in two others, before the development of coma, it was contracted, the condition during coma not being mentioned. Besides these, four exhibited some unnatural appearance of the eye, as strabismus, occurring, probably, from effusion. In the remaining cases the condition of this organ is not recorded. In one instance where the pupils were dilated, thirty leeches were applied to the neck, and while the bites were still bleeding con-

traction took place. This goes to show that simple congestion may cause dilation, which may not, therefore, be always so grave a symptom as is usually thought.

Retention of urine was present in six cases, and incontinence in one.

The pulse in seven was under eighty till near the close of life. Of these, three were phthisical, two had headache for two years, and one for life, one had had pain for a considerable time in the lumbar region, the cause not being apparent, and in the other the inflammation appeared to be primary. Three had a pulse varying from 80 to 100, two were phthisical, in the other the inflammation was primary. Three had a pulse over 100, of whom two were consumptives. The thought may occur, whether this discrepancy in the condition of the pulse may not have been due to compression from the effused fluid. A compressed state of the brain, will, in many instances, prevent acceleration of the pulse, though the inflammation is intense. But this explanation does not answer, for the symptoms of compression were generally absent till near the close of life. It is better to consider this diversity due to a difference in the grade of inflammation, as is the case in the inflammation of other serous membranes.

The mode of death in sixteen cases is given, in all by coma, varying from a few hours to two or three days. Generally the effusion of serum and lymph seemed sufficient to cause the coma.

The seat of inflammation in seven cases was the base of the brain, in four the convexity of one hemisphere, in three the upper surface of both, and in two the entire meninges. In the remaining cases the seat of disease was not recorded accurately, though the deposit showed undoubted inflammation.

From this analysis the following conclusions may be drawn:—

1st. That a common cause of meningitis is the tubercular diathesis.

2d. That if in any of these cases the inflammation was primary, and not dependent on a diathesis, it did not differ materially from the secondary form either in gravity or duration.

3d. That meningitis usually commences with headache.

4th. That convulsions are not a symptom of it.

5th. That delirium is present in the majority of cases, occasionally early, but generally not till the disease is far advanced.

6th. Vomiting does not occur till a late stage of the inflammation, and then in only a moderate number of cases.

7th. The pulse differs in different cases, and is, therefore, the less reliable as a means of diagnosis.

8th. Paralysis sometimes occurs at a late stage of the disease, but generally there is no contraction or rigidity of the limbs.

9th. That the mode of death is by coma. It is not our object to speak of the treatment, as all the cases were fatal, and in no instance did the remedies differ materially from those recommended in the books.—*New York Journal of Medicine.*

Fatal Poisoning by Nitrate of Potassa. By JOHN SNOWDEN, M.D. —A German, who spoke English imperfectly, went into a store, and asked for "bitter salt," meaning sulphate of magnesia. The attendant supposed he meant saltpetre, and gave him half-a-pound. The man took three ounces and a half at one dose. His bowels were opened three times within three or four hours. He complained of a slight sense of heat in the epigastrium, and drank a good deal of water. About five hours after having taken the saltpetre, he suddenly fell out of his chair and died.

The marked peculiarity, in this case, is the absence of the painful symptoms which usually follow the ingestion of irritant poisons; and the question arises, how was death produced? Certainly not by inflammation of the stomach, for he complained of nothing but a slight sense of heat in the stomach. The poison must have acted by destroying the vitality of the blood. There was no *post-mortem* examination. The rigor mortis was very imperfect, the lips of almost a natural pink hue, and the appearance of the countenance so life-like, that some persons who were present doubted the propriety of interment on the third day. —*New Jersey Medical Reporter.*

Two Cases in which Turning could not be accomplished, in consequence of the Head of the Child remaining firmly fixed at the brim of the Pelvis, preventing the Breech coming down. By JAMES WILSON, M.D. —On May 6th, 1854, the Clerk of the Glasgow Lying-in Hospital was requested by Mr. Hill to visit Mrs. ——, aged 33, residing in St. Ninian Street, Gorbals. Has had several children, all of which were still-born, and more or less premature, two having presented with the feet. All her labors were tedious and difficult. Had arrived at the full period of utero-gestation, and had been in labor eight hours when first visited. The liquor amnii was nearly all discharged, the uterine contractions were powerful and regular, and the os uteri dilated nearly to its full extent. The head was found to present with a loop of the cord prolapsed before it, and pulsating strongly. The sacro-pubic diameter appeared considerably diminished, and the outlet much contracted. The patient, ever since her first delivery, had been strongly impressed with the idea that there existed some pelvic malformation, and stated her belief that she could never give birth to a full-grown living child. She consequently expressed much anxiety and alarm as to her state.

It became a question, whether turning or delivery by the forceps should be had recourse to. Seeing that the pelvic apertures were so contracted, preference was given, with the concurrence of Dr. Stewart, to delivery by turning. As the patient decidedly objected to the inhalation of chloroform, several large doses of laudanum were administered at intervals, with a view to moderate or suspend the action of the uterus, which, however, failed to produce the effect desired. Unwilling to delay any longer, and as Dr. Stewart had been obliged to leave, he (the Clerk) introduced his left hand up to the fundus uteri, seized hold of and brought down the left foot of the child into the vagina. On at-

tempting extraction, a serious and unlooked-for obstacle to delivery arose. The child's head would neither move nor recede, but remained permanently and immoveably fixed at the pelvic brim, while vigorous efforts were made to push it up or aside, so as to allow room for the transit of the breech. During this time the cord was necessarily exposed to much pressure, and its pulsations had nearly ceased. As this locking or wedging in of the head and foot, proved for the time being an insurmountable barrier to delivery, my assistance was requested. On my arrival, the state of matters was as just described. After great and continued exertion, I ultimately succeeded in pushing the head out of the way, so as to make space for the descent of the breech. Considerable difficulty was experienced in extracting the head, after the body of the child was born. The infant, a full grown healthy male, was in a state of irrecoverable asphyxia. The placenta came away in the usual time. The mother gradually sunk, and expired 38 hours after the operation, apparently from exhaustion, and excitement produced by officious parties improperly interfering with the necessary operations of the medical attendants, whereby the opportunity was lost for easy and safe delivery.

On the 31st July last, I was called to assist a friend with a case in some respects exactly similar to the one just described. The lady had given birth to one child, a boy, about four hours before, and the doctor was then engaged with the delivery of a second, which he had partly turned. One foot was in the vagina, and also an arm, and the head of the child, as in the above case, was firmly fixed at the brim of the pelvis. Considerable force had been used to bring down the body, but without effect—the head presenting an insurmountable obstacle; and although great pressure had been used to raise it, and remove it out of the way, it remained firmly fixed. I made an attempt to press up the head, and at the same time pulled gently by the foot, without effect. The child was evidently dead. The uterus was acting so powerfully, that we feared rupture would take place, and without further hesitation we decided on perforating the head. We had neither perforator nor crotchet at hand, and, as the case was urgent, I, without difficulty, opened the head, and broke down the brain with a pair of large scissors, and passing my finger into the cranial opening, it answered the purpose of a crotchet very well, at the same time pulling by the protruded arm, the delivery was accomplished without much difficulty. No doubt, the extraction was rendered comparatively easy, in consequence of the powerful action of the uterus. The patient's recovery was perfect.

In these cases there cannot be a doubt that the head remaining at the brim of the pelvis, when the body of the child was brought down, and pressing upon it, was the cause of the difficulty, and also occasioned the children's death. Perhaps the only way to prevent this occurrence in such cases, when version is rendered necessary, is to have recourse to that operation (when we have it in our power) before the uterus is contracted and the waters discharged. When the uterus is uncontracted, and the waters not drained away, the elasticity of the child will move the head from the brim of the pelvis as we bring the feet down; but if the uterus is contracted, and the elasticity of the child gone by death,

then the head will remain as in the above cases. When I have had the management of turning from the beginning, this difficulty has never happened to me. I either push the head aside at once, or, when bringing down the foot, I have no difficulty in pressing the head aside with the upper part of the palm or wrist of the same hand with which I hold the foot. Dr. Rigby says, in reference to such cases as the above, "We should perform this step of the operation so gradually, as to be assured that the presenting part has quitted the pelvis before the feet have entered. Without attention to this point, the child may easily be fixed across the upper part of the pelvis, or even the body brought down, while the head is wedged in the *cavitas iliaca* of the ilium, and produce a serious obstacle to its further advance. This sort of mishap can rarely happen, except to young practitioners."* Smellie appears to have guarded against this ever occurring, for in almost all his recorded cases he seems to have turned the child before he brought down the feet. With respect to the first case, it may be said that the delivery should have been effected by perforating the head, as was done in the last case. But as there was no positive proof of the child being dead, it was considered proper to act as I did, with the view of saving the child. I have delivered many children alive, when I experienced greater difficulty than in that case.

I may remark, in conclusion, that in many of those cases where I have been necessitated to perform craniotomy, and where there was no urgent necessity for speedy delivery, I have found it much better, after perforating the head, to permit the woman to rest for a number of hours, whereby the brain becomes completely discharged, the skull collapses, the uterus by rest regains its power, and the child may be expelled by the uterine efforts alone; or at least much less extracting force may be required than had we attempted to complete the delivery immediately after opening the head. For it must be confessed, that though the operation of craniotomy is much easier, and requires less skill than the right use of the forceps, yet the extraction of the child is often attended with the most extreme difficulty to the practitioner and danger to the mother, in consequence of the very great force we are often under the necessity of using.—*Glasgow Medical Journal.*

The Ricinus Communis as an Emmenagogue and Galactagogue.—Clara Shymaski, brought to the Charity Hospital 25th December, 1853, bed 522, ward 34; the following was gathered by Dr. Nott, physician to the ward: She had had amenorrhœa for six months, with vomiting of blood at short intervals; wandering pains throughout the whole body, and a fixed pain in the right hypochondriac region. The skin around the margin of the umbilicus was of a reddish hue, and from the centre there exuded a milky fluid, which she has observed for nearly three years; she had dull pains in the temple recurring frequently; insomnia with nightmare, which caused much disquietude; but little appetite. The patient had yellow fever in 1853, at the same time as her husband,

* Rigby's System of Midwifery, p. 151.

whom she was unfortunate enough to lose; to grief at this bereavement, together with the privations which were consequent, and to bad medical treatment for subsequent mental and physical disorders, may be traced the chain of symptoms, of which the above is a synopsis.

After three days' treatment directed to the relief of the most urgent symptoms, Dr. Nott orderered the following: four or five ounces of the leaves of the *palma christi* (*ricinis communis*) to be boiled in six or seven pints of water; with this decoction: the breasts to be rubbed, for ten or twenty minutes three times daily, afterwards the leaves applied to the parts and permitted to dry, the treatment to be continued for three days, when if no good result followed, to be abandoned as useless.

On the second day of treatment a few drops of menstrual blood appeared; on the third, the menstrual flow occurred and lasted for several days; the patient after this experienced great relief, and was better than she had been for a long time; her appetite returned, together with good spirits. She left the hospital on the 19th of January, completely well.

It may be well to remark, that during the application of the remedy, the patient experienced sharp pains in the breasts, which, however, disappeared after its discontinuance.

Margurite Blans, aged 18, arrived in this city from Havre, towards the end of October, 1854; was brought to the Charity Hospital on the 15th December; sick eight days with typhoid fever with pulmonary symptoms. The disease progressed and assumed a grave character, great prostration, with very feeble pulse, no appetite, much thirst, indisposition to converse, oppressive pain in the chest notwithstanding a diminution of the pulmonary engorgement; there was great doubt as to the termination of the disease, when I discovered by questioning her, that she had not menstruated since her arrival in New Orleans; this fact was communicated to Dr. Nott, who ordered a trial of the treatment mentioned in the first case. The results were equally happy; on the third day the menses began and lasted for several days. Her health rapidly improved, her appetite re-appeared, and in a short time she regained sufficient strength to leave the hospital, after a sojourn of one month.

There are two varieties of the plant, the white and red; the latter is carefully avoided, as it is a violent irritant and produces an inordinate flow of the menses.—*New Orleans Medical News and Hospital Gazette.*

SHORT NOTICES OF HOSPITAL THERAPEUTICS.

Treatment of Hospital Phagedæna.—The prevalence of phagedæna, which, during the past nine months, has been pretty general in the London Hospitals, seems now to be steadily diminishing. It has been very difficult to arrive at any satisfactory conclusions respecting the laws regulating its occurrence. At one period, it has appeared to spread through a certain ward, or to prevail in a certain Hospital, as if by contagion; while, at others, observations have been made tending strongly to support the opinion, that it was largely under the influence of atmospheric changes. It has prevailed very irregularly in the different Hospitals, being now epidemic in one, and then, after the lapse of a short

time, appearing in another. On the whole, it has been a mild form of the disease. Very few have, we believe, died of it and a vast majority have recovered after a short and not very destructive attack. In several instances, however, in which stumps, after amputation, have been attacked by it, so much of the soft parts have been destroyed, that a second removal of the bones has become necessary. With regard to the treatment of the disease, the following recommendations might, we think, be summed up as the results of the combined experience of the Surgeons who have been most engaged with it :—

1. *As soon as a wound shows a tendency to become sloughy or phagedænic, to have the patient change his bed, and if possible, his ward.*— This practice was pursued in almost all cases in Guy's and in the London Hospital, and more or less in most others. Often very sudden benefit was remarked. The recommendation, of course, proceeds on the supposed desirability of removing the patient away from any local influences, contagious or endemic, which may have had part in producing the disease. The following case may be quoted as illustrative :—A boy, in excellent health, submitted to primary amputation of the arm, on account of a crush, under the care of Mr. Wordsworth, in the London Hospital. On the day following the operation he was remarkably well, and had not the least constitutional disturbance. During the next six days he continued well, and the stump was granulating healthily, when it became necessary to change his bed, and to put him into one from which a man who had died of pyæmia had been removed. Mr. Wordsworth directed that all the bed furniture should, as a measure of precaution, be removed; and, with the exception of the mattrass, this order was complied with. On the morning following the change of bed, the lad was feverish and restless, and his stump had lost its granulations and presented a sloughy surface. He was at once ordered back to his original bed. The phagedæna did not spread; but, almost immediately after the second change, the condition of the stump began to improve, and ever afterwards the advance was uninterrupted.

2. *To destroy fetor by the employment of charcoal.* In this way, probably, not only is a gas decomposed which was likely to have acted prejudicially on the animal functions, but one which might not improbably have been the means of direct infection.

3. *To employ nitric acid as an application to the sore.* Most Surgeons have formed a very high opinion of the value of this remedy when efficiently used. The acid should be concentrated and pure, and should be liberally applied. We have already at such length spoken in its praise that anything further need scarcely be here added. (See *Medical Times and Gazette* for Jan. 6, page 9.)

4. *To employ as constitutional measures tonics and general stimulants with in some cases opium, or the chlorate of potash as specific remedies.* Respecting the use of the latter, a considerable difference of opinion prevails; but instances have occurred in some Hospitals which appeared to show almost incontestably their potency in at least some individual cases. The chlorate of potash well deserves a much more thorough investigation as to its remedial powers than it has yet received.

Stomachic Pill.

The following is the prescription for an excellent dinner pill. We copy it from the Pharmacopœia of Guy's Hospital:—

Take of powdered capsicum. ʒi.; powdered rhubarb, ʒij. Make into a mass with treacle, and divide into sixty pills. Two or three to be taken every day before dinner.

Lotion of the Chlorate of Potash.

In the Middlesex Hospital, Mr. Moore, and also several of his colleagues at his suggestion, have been largely using a lotion of the chlorate of potash as a dressing for unhealthy sores. It is considered to have been very successful. The strength has been from two to three drachms to the pint of water. It has been freely applied on lint.—*Medical Times and Gazette.*

Case of Poisoning by Cantharides.

(Read before the Boston Society for Medical Improvement, by C. D. Homans, M.D.)

The following account was communicated to me in a letter from Dr. C. H. Hildreth, of Gloucester, Mass.

On the 27th of October, at 2, A. M., was called to a patient giving the annexed history and presenting symptoms enumerated below:—

Early in the preceding evening he applied at an apothecary's and purchased about ℥ss. of a powder supposed to be the *pulvis aloes cum canella* of the pharmacopœia, known among the vulgar as *picra*, or, as usually pronounced, *pikery*. The medicine was delivered by a boy in attendance. The patient put the powder into a bottle, added to it a tablespoonful of gin, and shaking the mixture took two spoonfuls, his usual dose for the relief of the irritation of ascarides, from which he was then suffering. He slept as well as usual until 12 o'clock, when he awoke with a severe pain in the lower part of the abdomen, thence extending into the lumbar region, but most intense just above the pubis. This rapidly increased to an alarming degree, and in the course of two hours, at the expiration of which time I saw him, became almost unendurable, although the patient was a man of much fortitude. There was some nausea, but no pain in the stomach, or indeed anywhere except as above mentioned.

Upon examination of the mixture which he had taken, the supposed *picra* proved to be powdered cantharides. Free emesis was immediately produced by the exhibition of the sulphate of zinc and copious dilution with warm water. He vomited several times, the powdered flies being expelled at every repetition of vomiting, but the pain in the abdomen was not in the least relieved. I therefore directed large injections of warm water, frequently repeated, and administered ten grains of camphor and one grain of sulphate of morphine, which dose I repeated every half hour until four doses had been taken, by which time great relief was experienced, and I left the patient.

Three hours after, I saw him again. He had passed water freely; urine natural, and without any trace of blood; had suffered from pria-

pism to an inconvenient extent for a short time, but it had now entirely subsided. Patient was sitting up; the pain was very slight, nor did it again recur. Had suffered no inconvenience from the large doses of morphine.

Four days after, I saw him again. He then complained of pain in all his joints, especially in the knees; his eyes were inflamed and painful. Upon examination, slight effusion was apparent in the knee joints, and some inflammation of the sclerotic, which yielded to simple remedies, or more probably subsided spontaneously. Perspiration emitted a strong cantharidal odor, especially in the axillæ. Ten days after, he was able to resume his work.

There are some points of interest in this case, among which may be noticed—

1st. The length of time, viz., about four hours, which elapsed before any perceptible effect was produced by the cantharides. Is not this analogous to the results of its external application?

2. The apparent want of action upon the stomach, so far as can be inferred from the absence of symptoms.

3. The large quantity of morphine taken without producing narcotism. This, however, is sufficiently often observed in painful diseases of all kinds.

The exact quantity of cantharides actually taken into the stomach, it is of course impossible to estimate. The superstratum of liquid in the bottle containing the mixture, is about one third of the whole contents The same proportion would undoubtedly apply to any portion of the mixture after having been shaken up. The quality of the drug is equally uncertain; it was the remainder of a stock that had been on hand for a considerable period, but still retained vesicatory power. The patient had eaten a very light supper before taking the cantharides—a cup of tea and a peace of bread only.—*Boston Med. and Surg. Journal.*

Lupulin as an Anaphrodisiac.—Lupulin, or the active principle of hops, is possessed of powerful sedative effects on the generative functions. This was first entertained by Debout, but more recently Zambaco has published a paper on its anaphrodisiac virtues (*Bull. de Therap.* 30th August, 1854), in which he more than confirms this author's observations. Zambaco administered the medicine in doses varying from 1 to 16 grammes, and he never found sickness or constitutional disturbance attend its use. He has recorded the history of eight cases of painful erections, following gonorrhea, in which it was most successfully employed as a sedative. He affirms that in four-fifths of the cases it allays the morbid erethism, and prevents chordee. It answers this purpose much better than camphor, which often irritates the digestive functions, and fails to produce the desired effect. Besides being possessed of sedative and anti-blenorrhagic properties, which depend on its essential oil and resinous principle, lupulin contains a bitter element which acts as an admirable tonic. Zambaco has seen lupulin given, *as a tonic*, to strumous patients, with the best effects, the appetite becoming im-

proved, and the digestive organs strengthened.—*Edin. Monthly Journal of Medicine.*

The administration of lupulin as an anaphrodisiac, was proposed by Dr. Wm. Byrd Page, of this city, in the year 1849. In his remarks upon it, he states that he had successfully used it as a remedy to prevent nocturnal erections, more than two years previous to the publication of his article. See Med. Examiner, Vol. v. May, page 284.—EDITOR.

The Nature and Treatment of Diabetes Mellitus. By DR. F. HEADLAND.—After a slight general sketch of the symptoms, he proceeded to the inquiry—What is the physiological cause of this abnormal and excessive secretion of glucose, or grape sugar? Three chief theories had been brought forward to account for this:—

1. *Theory of Renal Disorder.*—By Dr. M. Good, and others of his time, it was supposed that the glucose was formed by the kidney in the act of secretion. The author discussed the various alleged morbid conditions of the kidney in diabetes, none of which are known to be constant. The discovery of sugar in the blood and other secretions of diabetes is sufficient to overthrow this theory.

2. *Theory of Saccharine Assimilation*—held by Bouchardat in France, and by the majority of Physicians in England. It supposes that the formation of glucose is due to a deranged digestion or assimilation. Most consider that it is formed in the stomach; others blame the liver. This notion, also, the author disclaimed, arguing that, after a meal on starchy matters, grape sugar may be found in the blood of a healthy man; that it is part of the function of the liver, to form sugar and fat out of albuminous compounds; and that this explanation does not account for the excretion of sugar, for grape sugar given to a healthy man does not pass out in the urine.

3. *Theory of Saccharine Non-Assimilation.*—Supported by Mialhe, Liebig, B. Jones, and others. To this the author gave his own adhesion. It derives confirmation from the experiments of Lehmann, Dumas, and R. D. Thomson. The starch of the food is the chief supporter of the respiratory process. Starch cannot be absorbed without being first changed into dextrine. This is a sort of transition to grape sugar, into which it is all formed in the blood. This grape sugar is not yet in a condition to be oxidized; it is therefore again changed into two atoms of lactic acid, (or some very similar material.) This then combines with oxygen in the blood, supporting the animal heat by its combustion, and forming carbonic acid. These changes require certain agents, probably ferments, to effect them. Supposing they have proceeded as far as glucose, and the agency be wanting which should change this into lactic acid, then the glucose, not being available to the system, is excreted in the urine. The liver attempts to supply the want by forming glucose and fat out of albuminous food. This glucose passes also into the urine. In addition to all this waste, the very tissues are preyed

upon to supply fuel for the respiration. The author then discussed at length the subject of treatment, under the following heads:—

A. *Erroneous Plans of Treatment.*

1. Attempts to prevent the formation of glucose.
2. Attempts to hinder the excretive function of the kidney.

The first is a natural process; the second is a healthy provision.

B. *Doubtful Plans of Treatment.*

1. The use of diuretics.
2. Stimulation of the nervous centres, as by strychnia.
3. Treatment directed to the liver.
4. The use of oxidizing agents.

C. *Correct Plans of Treatment.*

Dietetic Rule.—To supply, if possible, such articles of food as shall be able, at the same time, to nourish the patient, and to maintain the respiratory combustion without passing through the stage of glucose. (Amongst other things, fat and oils, dry wines, and milk, were recommended.)

Therapeutic Indications.

1. To give some remedy that shall seem to be capable of causing the glucose to undergo its normal transformations. (Yeast, rennet, pepsine, &c., were discussed. The author particularly recommended *milk just turned sour*, as containing a decomposing caseine, which transmutes milk sugar into lactic acid. He had advised the use of this remedy in his Essay on the Action of Medicines. It should be used as an article of diet; or it may also be given in enemata, and in warm foot-baths.

2. To replace the urinary secretion by means of diaphoretics and purges. (The author recommended copious sweating, for a physiological reason.)

3. To attend to the general health, and to treat complications.—*London Lancet.*

Medical Society of London, Feb. 7, 1855.

Illustrations of Certain Points in the History of Gout.—Dr. Garrod, in his paper, proceeded to consider the chronic states of the articular and non-articular forms of gout. He said, that difficult as it was to separate some forms of acute gout from acute rheumatism, yet this was more difficult still in their chronic state. As to the symptoms which might be brought to bear upon this diagnosis, he believed that it would be allowed by all that the chalk-like deposits, or chalk-stones, are never found except in the subjects of true gout. In composition these deposits consist essentially of urate of soda, the difference met with in the analyses being dependent on the tissues in which they occur; they are alkaline in reaction, and, at first, fluid, going through different degrees of consistence till they become solid. The situations in which they are found, vary exceedingly. They are found within and around the joints, around the ligaments and sheaths of tendons, on the surface of the cartilage of the joints, and under the cuticle, etc. When occuring within the joints, they produce a weightiness on the cartilage, and

greatly impede motion. They may remain in the body during the lifetime of the patient, which, probably, is generally the case; or they may be dischargod by a kind of desquamation, when, more deeply seated, by causing inflammation or ulceration. When these deposits occur where they may be readily seen,—as, for instance, around the joints, the diagnosis of the case is easily made; but they are not unfrequently confined to a single part of the body, and then are likely to be overlooked by the practitioner. The ear, and sometimes the integuments of the face, are the parts most commonly selected externally, where they may exist singly, or in numbers. They exist more frequently in the ears than has been generally supposed; and it was ascertained, from a collection of cases made, that deposits were present in 45·9 per cent. of gouty cases, in seven-tenths of which the ear alone was affected. He related two cases to show how greatly the diagnosis may be assisted by the discovery of these minute concretions. Though they are indications of gouty affections, their absence is no proof of its not being gout; they are frequently absent, and patients may suffer gout for many years without their being found. On the other hand, some of the worst cases of deposits have occurred within three or four years from the first attack in the great toe. Another valuable diagnostic symptom is the special great toe affection; and Dr. Garrod shows that, out of a number of cases noticed by him, in 82 per cent. this was present. This symptom is the more valuable, that it seldom, if ever, occurs in rheumatism. The sex, too, is not to be disregarded, as gout is much more common in males than females. Out of a table of cases, only five per cent. were females, which would hardly be the case if the pathology of the two cases were alike. Œdema and subsequent desquamation of the cuticle is almost invariably present in gout, the desquamation showing itself when the inflammation is subsiding. These signs occur very seldom in genuine rheumatism. He also mentioned, among other symptoms, some minor points, which, in conjunction with others, might be of some use in diagnosis—viz., the presence of heart affection in rheumatism from prior attacks of acute disease, the dyspeptic accompaniments of gout, the influence of cold and moisture in inducing rheumatism, and of high living, especially of wine and malt liquors, in bringing on gout, and, lastly, the condition of the blood and blister fluid. In all cases of pure gout, the blood contains an abnormal quantity of uric acid, which is not the case in rheumatism; and in cases where the other symptoms are not characteristically developed, the presence or absence of uric acid in the blood may afford evidence as to the nature of the affection. In the place of abstracting blood, of which only a small quantity is requisite, (an ounce or so,) the examination of the serum produced by a small blister, has the same result.—*Lond. Med. Times and Gazette.*

On a Successful Method of treating Acute Rheumatism by large and frequent doses of the Bicarbonate of Potash. By A. B. Garrod, M.D., Physician to University College Hospital.—The author, after a few preliminary remarks, observed, that he was induced, in May, 1852, to try a new method of treating acute rheumatism; and finding great suc-

cess at first, resolved steadily to pursue the plan, and has done so up to the present time. The object of his communication has been to record the method adopted by him, and also the results obtained in fifty-one cases of rheumatic fever which have been admitted, under his care, in University College Hospital, during the last two years and three quarters, The main part of his plan of treatment consists in the administration. in a diluted form, of two-scruple doses of bicarbonate of potash, every two hours, day and night, until the patient has been free from all articular affection and febrile disturbance for two or three days, using local depletion over the heart's region, if any cardiac disease is present or threatened. The author then detailed three cases of rheumatic fever, illustrating this mode of treatment: the first, a girl, ten years old, in which the duration under treatment was five days, the total duration eight; the second, a young man, aged twenty, with a complication of heart disease, where the duration under treatment was eight, the total duration fifteen days; the third, a young woman, aged eighteen years, in the fifth attack, the former ones having always lasted for a month or five weeks, but which, by the adoption of this plan, yielded in nine days, total duration being but thirteen days, four having elapsed before her admission into the hospital. He afterwards gave a table of fifty-one cases of acute rheumatism; and of each patient the following particulars are noted:—The age, occupation, hereditary predisposition; the number and causes of attack; the symptoms before admission; the symptoms during treatment; the nature of treatment; and the duration of the disease. From these cases, the following deductions are made—viz., that in twenty males the duration of the disease under treatment averaged between six and seven days, and the total duration between eleven and twelve days; and in thirty-one females, the disease under treatment averaged from seven to eight days, and the total duration between fifteen and sixteen days—giving in all an average under treatment of seven days and a half; and, for the total duration, about thirteen days and a half. The author then alluded to the influence of the bicarbonate of potash when administered in large and frequent doses upon the different organs and functions of the body; and remarked, that it produces neither nausea, vomiting, nor purging—in fact, no symptom of gastro-intestinal irritation. It now induces a strongly alkaline condition of the urine, causes it to effervesce freely, with excess of acid, but does not appear to promote an increase in the quantity of the secretion. It appears to render the secretion of the skin less acid—sometimes almost neutral. That it acts as a powerful controller of the heart's action, reducing greatly the frequency of the pulse, but without causing the faintness often produced by digitalis, colchicum, &c. That it probably increases the alkalinity of the serum of the blood, and diminishes the coagulability of the altered fibrine occurring in rheumatic fever; and hence, probably, checking or preventing the deposits of lymph on the endo- or peri-cardium. He (Dr. Garrod) stated his opinion, that the influence of the bicarbonate was felt not only in shortening the duration of the articular affection, but also in preventing or moderating the cardiac disease. After enumerating many details of the method adopted, and the value

of certain adjuncts, as opium, calomel, and occasional general depletion, he proceeded to recommend a plan of treatment which, from his experience, he considered calculated to ensure the greatest amount of success, and thought it probable that the total duration of the disease might, on the average, be reduced to about ten days,—provided that the treatment was adopted early, and no serious complication existed.—*London Lancet.*

Theory of the Formation of Bone.—M. Flourens, the justly eminent Professor of Comparative Physiology at the Natural History Museum of Paris, is now giving his usual course of lectures on this important branch of medical studies. From the report of these lectures, given in *L'Union Medicale*, we extract the following interesting facts connected with the theory of the formation of bone.

"The *external* periosteum mainly contributes to the *formation* of bone; but the *internal* periosteum (medullary membrane) is the principal agent in the *absorption* of bone. Around the dead portion of bone an internal periosteum forms, belonging to the new bone, which periosteum seizes, and, as it were, gnaws and corrodes the old bone, and finally causes its absorption. (Does not the purulent matter issuing from the fragments carry off a good deal of osseous detritus?) In general terms, in the healthy bone, the internal periosteum may be looked upon as an apparatus chiefly designed for *resorption*. The mechanism of the development of bone appears to consist in a constant mutation of the parts composing it; hence we have mutation of matter, permanence of form. Buffon very justly said, "The most constant and the least variable fact in nature is the *form* or *mould* of each species, and what is most variable and corruptible is *substance*." Bonnetus, with all the physiologists of his time, believed that the growth of bone was effected by the deposition of new molecules between the old ones; but we now know that bone is not a fixed and constant substance, but one successively and uninterruptedly formed of superficial layers, which become again re-absorbed. Hence the fallacy of the theory of accumulated germs."

It is now perfectly known and acknowledged that the periosteum may act as the regenerator of bone. We shall just adduce a case of the late Blandin, mentioned in these lectures, which offers a good practical illustration of this theory.

The patient was a young man between twenty-five and thirty years of age, affected with caries of the clavicle. Various means employed to arrest the disease having failed, M. Blandin, encouraged by the experiments of Flourens, resolved to remove the sternal half the bone, which had been most damaged by caries. By careful management he succeeded in removing the bone without injuring the periosteum more than by the necessary longitudinal incision. This done, the acromial end of the bone was, at the request of the patient, carefully examined and found equally diseased. The latter insisted on having that portion also removed, which operation was performed in the same manner as the first. The patient recovered, and having returned to the hospital for another complaint, about eight months after this complete extirpation of the

clavicle, it was found that that bone had been completely regenerated. (It is difficult to understand how a bone can be carious and its periosteum perfectly healthy.)—*Ibid.*

Abstract of Meteorological Observations for February, 1855, *made at Philadelphia, Pa. Latitude* 39° 57′ 28″ *N., Longitude* 75° 10′ 40″ *W. from Greenwich.* By PROF. JAMES A. KIRKPATRICK.

1855. Feb.	Barometer. Daily Mean	Barometer. Mean Daily Range.	Thermom. Daily Mean	Thermom. Mean Daily Range	Dew Point 2 P M.	Rel. Humid. 2 P. M.	Rain and melted Snow.	Prevailing Winds.	Remarks.
	Inches.	Inches.	Deg.	Deg.	Deg.	Hunds.	Inch.	Points.	
1	29.850	.172	27.7	2.2	28.7	0.89		NW.	M. and aft. cloudy; ev. clear.
2	29.773	.077	30.3	3.3	28.0	.69		SW.	Cloudy.
3	29.734	.096	24.0	7.7	13.0	.30		W.	Clear.
4	29.795	.098	20.0	7.3	12.7	.45		W.NW.	M. and aft. clear; ev. cloudy.
5	29.586	.210	20.5	3.8	13.7	.47	0.031	NW.	M. rain; aft. and ev. clear.
6	29.897	.311	4.5	16.0	2 0	.28		NW.	M. and aft. clear; ev. cloudy.
7	29.967	.216	5.7	6.8	3.0	1.00	}	NE.	Snow. *Therm. lowest* 1°.
8	29.585	.382	22.5	16.8	24.3	.93	}0.690	N.	Snow. *Bar. lowest* 29.535.
9	29.676	.118	25.3	4.2	26.8	.93	}	N.NW.	*Snow*, about 5 inches.
10	29.992	.316	17.7	7.7	16.3	.71		NW.	Clear.
11	29.930	.062	21.8	4.5	22.3	.76		W.SW.	Cloudy.
12	30.117	.187	26.7	4.8	25.2	.73		(Var.)	M. clear; aft. and ev. cloudy.
13	30.086	.074	35.0	8.3	33.7	.67		NE.	Cloudy.
14	29.733	.352	43.3	8.3	45.3	.96	1.748	NE.	*Rain* all day. *Therm. highest* 46½°.
15	29.577	.156	39.8	3.5	39.7	.91	0.011	W.NW.	Cloudy; morning drizzling.
16	29.694	.117	37.7	2.2	28.3	.56		W.	Cloudy.
17	29.797	.103	33.7	4.0	29.0	.70		W.	M. and aft. cloudy; ev. clear.
18	29.796	.010	36.7	3.0	28.3	.56		W.NW	Clear.
19	29.790	.026	35.0	1.7	26.3	.54		NW.	M. cloudy; aft. and ev. clear.
20	29.871	.088	33.2	1.8	26.7	.60		NW.	Clear.
21	30.062	.191	34.0	1.8	27.3	.55		NW.	Clear.
22	29.937	.129	39.0	5.0	27.3	.40		NW.	M. clear; aft. and ev. cloudy.
23	29.829	.114	30.0	15.0	26.7	.89		N.	Cloudy.
24	29.963	.130	19.7	11.0	13.7	.47		W.	M. and aft. clear; ev. cloudy.
25	29.832	.131	21.0	4.0	15.0	.34		W.	Clear.
26	29.686	.146	17.7	3.3	11.7	.43		W.	M. clear; aft. and ev. cloudy.
27	29.848	.162	20.7	3.0	18.0	.64		NW.	M. and aft. cloudy; ev. clear.
28	30.105	.287	23.5	2.8	17.3	.45		NW.	Clear. *Bar. highest* 30.199.
Means for Feb. 1855	29.840	.159	26.7	5.8	22.4	.71	2.480	N. 50° W., 83–100.	
4 yrs	29.901		32.3		30.4		3.458	N. 62° W. 54–100.	

The Monthly Range of the Barometer was 0.664 inch., and of the Thermometer 47½°

POSTSCRIPT.—We are requested to announce that Dr. Brown-Séquard has resigned the chair of the Institutes of Medicine, &c., in the Medical College of Virginia at Richmond.—ED.